

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****, 2009, and ending****, 20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SUTTER EAST BAY HOSPITALS Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3012 SUMMIT STREET, 3RD FLOOR City or town, state or country, and ZIP + 4 OAKLAND, CA 94609	D Employer identification number 94-1196176
		E Telephone number (916) 286-6665
		G Gross receipts \$ 1,046,705,806.
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: WARREN KIRK 3012 SUMMIT STREET, 3RD FLOOR OAKLAND, CA 94609		H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SUTTERHEALTH.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1936 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of employees (Part V, line 2a)	5	5,898
	6 Total number of volunteers (estimate if necessary)	6	504
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	632,398.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,265,165.	7,129,946.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	992,004,075.	1,025,771,761.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,577,981.	789,653.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,461,394.	7,172,741.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,012,308,615.	1,040,864,101.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	824,423.	1,043,796.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	478,221,468.	511,235,239.
	16b Total fundraising expenses, Part IX, column (D), line 25 ▶	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	446,369,898.	435,842,755.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	925,415,789.	948,121,790.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	86,892,826.	92,742,311.
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	511,798,449.	674,313,915.
	22 Net assets or fund balances. Subtract line 21 from line 20	311,030,279.	347,231,390.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Preparer's identifying number (see instructions)
	ERNST & YOUNG U.S. LLP		34-6565596	P00043433
2901 DOUGLAS BLVD., SUITE 300 ROSEVILLE, CA 95661		Phone no.	916-218-1900	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. *

Form **990** (2009)

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 907,455,232. including grants of \$ 1,043,796.) (Revenue \$ 1,025,771,761.)
SEE SCHEDULE O**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 907,455,232.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	X	

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Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	X	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 1,068		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 5,898		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body	1a 25		
b Enter the number of voting members that are independent	1b 18		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6 Does the organization have members or stockholders?	6	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **CALIFORNIA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **TERESA HO 3012 SUMMIT STREET, 3RD FLOOR OAKLAND, CA 94609**
510-869-8284

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ED BERDICK REGIONAL PRESIDENT, EAST BAY	40.00	X						0.	1,197,368.	870,225.
JEFFERY BLOCK TRUSTEE	1.00	X						0.	0.	0.
TONI BRAYER MD REGIONAL VP & CMO, WEST BAY	40.00	X						0.	455,069.	191,318.
MARY BROWN TRUSTEE	1.00	X						0.	0.	0.
JAMES CUTHBERTSON MD MED SVC PROVIDER/TRUSTEE	1.00	X						10,000.	0.	0.
GARY DEPOLO TRUSTEE	1.00	X						0.	0.	0.
MICHAEL DIGIACOMO DPM MED SVC PROVIDER/TRUSTEE	1.00	X						24,480.	0.	0.
CAROL N DONOFRIO DR PH CHAIR/TRUSTEE	1.00	X		X				0.	0.	0.
THOMAS DRESE TRUSTEE	1.00	X						0.	0.	0.
JANE GARCIA TRUSTEE	1.00	X						0.	0.	0.
FREDRIC N HERSKOWITZ MD MED SVC PROVIDER/TRUSTEE	1.00	X						25,000.	0.	0.
CORNELIUS HOPPER MD TREASURER/TRUSTEE	1.00	X		X				0.	0.	0.
BARRY HORN MD SECRETARY/TRUSTEE	1.00	X		X				0.	0.	0.
WARREN KIRK CEO-SEBH	40.00	X		X				0.	787,540.	480,294.
LOUIS KOMARMY MD TRUSTEE	1.00	X						0.	0.	0.
ALAN LIFSHAY MD TRUSTEE	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PETER LOCKE TRUSTEE	1.00	X						0.	0.	0.
STEPHEN LOCKHART MD REGIONAL VP & CMO, EAST BAY	40.00	X						0.	268,927.	156,821.
JOEL MARCUS MD MED SVC PROVIDER/TRUSTEE	1.00	X						0.	0.	0.
NORMAN MOSCOW MD TRUSTEE	1.00	X						0.	0.	0.
DONALD G NELSON TRUSTEE	1.00	X						0.	0.	0.
STEVEN OBRIEN MD TRUSTEE	1.00	X						86,200.	0.	0.
ARNOLD PERKINS TRUSTEE	1.00	X						0.	0.	0.
PHILIP RICH MD TRUSTEE	1.00	X						0.	0.	0.
DONALD R TOWNSEND MD TRUSTEE	1.00	X						0.	0.	0.
ROBERT PETRINA CFO, SUTTER EAST BAY HOSP	40.00			X				0.	512,295.	203,481.
VIKI L ARDITO VP PATIENT CARE-SEBH	40.00				X			0.	369,860.	119,033.
MARK W BEITING VP REGIONAL HR, EAST BAY	40.00				X			0.	355,720.	145,483.
JOHN GENTILE VP MEDICAL AFFAIRS, ABSMC	40.00				X			0.	477,392.	149,416.
1b Total . CONTINUED AT SCHEDULE J-2								402,496.	5,946,894.	2,887,571.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1,364**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **302**

Part VIII Statement of Revenue

94-1196176

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	7,129,727.			
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	219.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		7,129,946.			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	900099	1,018,590,133.	1,018,590,133.		
	b	ALTA CT SERVICES	900099	811,630.	811,630.		
	c	MAGNETIC IMAGING AFFILIATES (MIA)	900099	1,549,513.	1,549,513.		
	d	SURGERY CENTER ABSMC, LLC	900099	4,547,988.	4,547,988.		
	e	EYEMD LASER CENTER, LP	900099	93,069.	93,069.		
	f	All other program service revenue	900099	179,428.	179,428.		
	g	Total. Add lines 2a-2f		1,025,771,761.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		786,432.			786,432.
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties					
			(i) Real (ii) Personal				
	6a	Gross Rents		8,023,954.			
	b	Less: rental expenses		5,790,230.			
	c	Rental income or (loss)		2,233,724.			
	d	Net rental income or (loss)		2,233,724.			2,233,724.
			(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory		54,696.			
	b	Less: cost or other basis and sales expenses		51,475.			
	c	Gain or (loss)		3,221.			
	d	Net gain or (loss)		3,221.			3,221.
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11a	UBI - LABORATORY	621500	274,687.		274,687.		
b	UBI - STEM CELL SVCS	541900	56,850.		56,850.		
c	UBI - VOLUNTEERS IN UNIFORM	900099	154,482.		154,482.		
d	All other revenue	541610	4,432,998.		146,379.	4,306,619.	
e	Total. Add lines 11a-11d		4,939,017.				
12	Total Revenue. See instructions		1,040,864,101.	1,025,771,761.	632,398.	7,329,996.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	1,043,796.	1,043,796.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.	0.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.	0.		
4 Benefits paid to or for members	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees	2,960,997.	0.	2,960,997.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.	0.	0.	0.
7 Other salaries and wages	314,199,538.	311,086,733.	3,112,805.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.	0.	0.	0.
9 Other employee benefits	178,578,170.	176,637,592.	1,940,578.	0.
10 Payroll taxes	15,496,534.	15,292,322.	204,212.	0.
11 Fees for services (non-employees):				
a Management	675,322.	522,840.	152,482.	0.
b Legal	2,561,976.	1,061,871.	1,500,105.	0.
c Accounting	21,100.	0.	21,100.	0.
d Lobbying	0.	0.	0.	0.
e Professional fundraising services. See Part IV, line 17	0.			0.
f Investment management fees	179,151.	0.	179,151.	0.
g Other	52,959,353.	52,686,633.	272,720.	0.
12 Advertising and promotion	966,225.	200,504.	765,721.	0.
13 Office expenses	122,893,955.	122,380,809.	513,146.	0.
14 Information technology	8,091,728.	0.	8,091,728.	0.
15 Royalties	0.	0.	0.	0.
16 Occupancy	4,103,819.	4,088,671.	15,148.	0.
17 Travel	364,098.	333,967.	30,131.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19 Conferences, conventions, and meetings	121,614.	69,055.	52,559.	0.
20 Interest	8,476,698.	8,476,698.	0.	0.
21 Payments to affiliates	0.	0.	0.	0.
22 Depreciation, depletion, and amortization	37,666,293.	37,655,158.	11,135.	0.
23 Insurance	8,971,088.	8,883,452.	87,636.	0.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>PURCHASED SERVICES</u>	117,032,060.	114,727,868.	2,304,192.	0.
b <u>BAD DEBT EXPENSE</u>	17,242,998.	17,242,998.	0.	0.
c <u>SYSTEM ALLOCATION FEES</u>	14,798,503.	0.	14,798,503.	0.
d <u>UTILITIES</u>	5,173,446.	5,144,878.	28,568.	0.
e <u>REPAIRS & MAINTENANCE</u>	3,541,091.	3,541,091.	0.	0.
f All other expenses	30,002,237.	26,378,296.	3,623,941.	0.
25 Total functional expenses. Add lines 1 through 24f	948,121,790.	907,455,232.	40,666,558.	0.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,821,869.	2	35,468,337.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	151,842,719.	4	171,840,256.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	11,150,531.	8	17,494,519.
	9 Prepaid expenses and deferred charges	2,105,144.	9	2,363,093.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1057254350.		
	b Less: accumulated depreciation	10b 698,944,066.	272,923,399.	10c 358,310,284.
	11 Investments - publicly traded securities	7,423,763.	11	26,169,113.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	22,454,629.	13	23,220,031.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	42,076,395.	15	39,448,282.
16 Total assets. Add lines 1 through 15 (must equal line 34)	511,798,449.	16	674,313,915.	
Liabilities	17 Accounts payable and accrued expenses	104,430,622.	17	96,875,821.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	182,686,066.	20	225,548,705.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	51,830.	23	2,072,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	23,861,761.	25	22,734,864.
	26 Total liabilities. Add lines 17 through 25	311,030,279.	26	347,231,390.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	198,497,863.	27	324,200,106.
	28 Temporarily restricted net assets	-485,679.	28	126,433.
	29 Permanently restricted net assets	2,755,986.	29	2,755,986.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	200,768,170.	33	327,082,525.
	34 Total liabilities and net assets/fund balances	511,798,449.	34	674,313,915.

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		
3b		

Form **990** (2009)

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule B

Redacted

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Name of the organization

SUTTER EAST BAY HOSPITALS

Employer identification number

94-1196176

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,755,986.	2,755,986.			
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,755,986.	2,755,986.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☒ 100.0000 %
 c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		26,897,383.		26,897,383.
b Buildings		642,519,996.	457,035,025.	185,484,971.
c Leasehold improvements		3,910,617.	2,975,741.	934,876.
d Equipment		310,851,377.	231,798,330.	79,053,047.
e Other		73,074,977.	7,134,970.	65,940,007.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				358,310,284.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
UNAMORTIZED FINANCING COSTS	539,158.
INTERCOMPANY RECEIVABLES	12,198,121.
OTHER RECEIVABLES	2,916,849.
GOODWILL	2,688,499.
OTHER ASSETS	21,105,655.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	39,448,282.

Part X Other Liabilities. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	INSURANCE LIABILITIES	5,926,103.
	THIRD PARTY SETTLEMENTS	623,887.
	OTHER LIABILITIES	16,184,874.
	Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	22,734,864.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

PART V, LINE 4

RESTRICTED PURPOSE: THIS FUND WAS DONATED BY SISTER GARCELN OF SAMUEL
MERRIT IN THE 1900'S FOR PEOPLE WHO ARE NOT INSURED BUT WITH MEANS.

FIN48 FOOTNOTE FROM AUDIT

PART XIV

IN JUNE 2006, THE FASB ISSUED INTERPRETATION NO. 48, ACCOUNTING FOR
UNCERTAINTY IN INCOME TAXES (FIN 48). FIN 48 CLARIFIES THE ACCOUNTING
FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN FINANCIAL STATEMENTS IN
ACCORDANCE WITH FASB STATEMENT NO. 109, ACCOUNTING FOR INCOME TAXES. FIN
48 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE
FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN
OR EXPECTED TO BE TAKEN IN A TAX RETURN AND PROVIDES GUIDANCE ON
DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN
INTERIM PERIODS, DISCLOSURE, AND TRANSITION. FIN 48 WAS ADOPTED BY
SUTTER IN 2007 AND ITS ADOPTION DID NOT HAVE A MATERIAL EFFECT ON
SUTTER'S COMBINED FINANCIAL POSITION OR RESULTS OF OPERATIONS.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

SUTTER EAST BAY HOSPITALS

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **See separate instructions.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

94-1196176

Part I Charity Care and Certain Other Community Benefits at Cost

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	X	
1b If "Yes," is it a written policy?	X	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients. a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 250.0000 %	X	
b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other %	X	
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	X	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	X	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Does the organization prepare an annual community benefit report?	X	
b If "Yes," does the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			12,722,674.		12,722,674.	1.39
b Unreimbursed Medicaid (from Worksheet 3, column a)			208,413,798.	145,500,048.	62,913,750.	6.86
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			221,136,472.	145,500,048.	75,636,424.	8.25
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,296,789.		4,296,789.	.47
f Health professions education (from Worksheet 5)			2,328,766.		2,328,766.	.25
g Subsidized health services (from Worksheet 6)			2,120,019.		2,120,019.	.23
h Research (from Worksheet 7)			685,072.		685,072.	.07
i Cash and in-kind contributions to community groups (from Worksheet 8)			2,449,849.		2,449,849.	.27
j Total. Other Benefits			11,880,495.		11,880,495.	1.29
k Total. Add lines 7d and 7j			233,016,967.	145,500,048.	87,516,919.	9.54

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2009

JSA

9E1284 2.000

53157K 4019

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			197,798.		197,798.	
9 Other						
10 Total			197,798.		197,798.	

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** Yes No X
- 2 Enter the amount of the organization's bad debt expense (at cost) **2** 5,369,992.
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy **3**
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) **5** 228,507,315.
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 248,204,775.
- 7 Subtract line 6 from line 5. This is the surplus or (shortfall) **7** -19,697,460.
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

Check the box that describes the method used:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other
Section C. Collection Practices

- 9a Does the organization have a written debt collection policy? **9a** X
- b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI. **9b** X

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ABSMC - SUMMIT CAMPUS 350 HAWTHORNE AVENUE OAKLAND CA 94069	X	X					X		OUTPATIENT SERVICES
ABSMC - SUMMIT CAMPUS 3100 SUMMIT STREET OAKLAND CA 94609	X	X							
ABSMC - SUMMIT CAMPUS, DISTRICT PART SNF 3100 SUMMIT STREET OAKLAND CA 94609									SKILLED NURSING FACILITY
ABSMC - SUMMIT CAMPUS 450 30TH STREET OAKLAND CA 94609									OUTPATIENT SERVICES NUCLEAR MEDICINE PEDIATRIC SERVICES
ABSMC - ALTA BATES CAMPUS 2450 ASHBY AVENUE BERKELEY CA 94705	X	X					X		
ABSMC - HERRICK CAMPUS 2001 DWIGHT WAY BERKELEY CA 94704	X	X							OUTPATIENT SERVICES
ALTA BATES SUMMIT MEDICAL CENTER 2500 MILVIA STREET BERKELEY CA 94704									OUTPATIENT SERVICES
ALTA BATES SUMMIT MEDICAL CENTER 3011 TELEGRAPH AVE BERKELEY CA 94705									OUTPATIENT SERVICES
ALTA BATES SUMMIT MEDICAL CENTER 3030 TELEGRAPH AVE BERKELEY CA 94705									OUTPATIENT SERVICES
ALTA BATES SUMMIT MEDICAL CENTER (ABSMC) 5730 TELEGRAPH AVENUE OAKLAND CA 94609									OUTPATIENT SERVICES
ABSMC - HERRICK CAMPUS, DIST PART SNF 2001 DWIGHT WAY BERKELEY CA 94704									SKILLED NURSING FACILITY
LAFAYETTE WOMEN'S HEALTH CENTER 3595 MT DIABLO BLVD SUITE 350 LAFAYETTE CA 94549									OUTPATIENT SERVICES

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, LINE 3

THE ORGANIZATION MAKES EVERY EFFORT TO QUALIFY THOSE ELIGIBLE FOR CHARITY CARE. IF A PATIENT HAS APPLIED FOR CHARITY CARE, HAS BEEN APPROVED TO RECEIVE CHARITY CARE, OR IS COOPERATING WITH THE HOSPITAL'S EFFORTS TO SETTLE AN OUTSTANDING BILL WITHIN A REASONABLE TIME PERIOD, THE HOSPITAL WILL NOT PURSUE COLLECTIONS.

PART III, LINE 7

MEDICARE COST REPORTS THAT THE ORGANIZATION FILES DO NOT INCLUDE ALL OF THE COSTS REQUIRED TO TREAT MEDICARE PATIENTS. THEREFORE THE AMOUNT REFLECTED ON THE COST REPORT WILL LIKELY DIFFER FROM ACTUAL COSTS WHICH MAY BE REFLECTED IN THE COMMUNITY BENEFIT REPORT AND ON THIS FORM.

PART I, LINE 3C:

TO BE ELIGIBLE FOR FREE CARE THE ORGANIZATION USES THE FEDERAL POVERTY GUIDELINES (FPG) FOR FAMILY INCOMES THAT ARE AT OR BELOW 250% OF FPG. PARTIAL WRITE-OFF OF THE HOSPITAL'S UNDISCOUNTED CHARGES APPLIES TO UNINSURED PATIENTS THAT WHOSE FAMILY INCOMES ARE BETWEEN

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

251% AND 400%. IN ADDITION, THE FOLLOWING DISCOUNTS APPLY TO

UNINSURED PATIENTS:

- SPECIAL CIRCUMSTANCES CHARITY CARE: FOR UNINSURED PATIENTS WHO DO

NOT MEET THE FINANCIAL ASSISTANCE CRITERIA SET FORTH BY THE

ORGANIZATION, A COMPLETE OR PARTIAL WRITE-OFF IN CIRCUMSTANCES

INCLUDING BUT NOT LIMITED TO BANKRUPTCY, HOMELESSNESS, DECEASED,

ELIGIBLE FOR MEDICARE/MEDI-CAL, OR IF A COLLECTION AGENCY IDENTIFIES

A PATIENT MEETING THE ORGANIZATION'S CHARITY CARE ELIGIBILITY

CRITERIA.

- CATASTROPHIC CHARITY CARE: PARTIAL WRITE-OFF WHEN THE FINANCIAL

RESPONSIBILITY EXCEEDS 30% OF THE PATIENT'S FAMILY INCOME. PATIENTS

THAT MEET THE CRITERIA WILL RECEIVE A FULL WRITE-OFF OF UNDISCOUNTED

CHARGES THAT EXCEED 30% OF THEIR FAMILY INCOME.

- HIGH MEDICAL COST CHARITY CARE (FOR INSURED PATIENTS): PARTIAL

WRITE-OFF OF THE HOSPITAL'S UNDISCOUNTED CHARGES FOR PATIENTS WHOSE

FAMILY INCOME IS LESS THAN 350% OF FPG, MEDICAL EXPENSES EXCEED 10%

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

OF THE PATIENT'S FAMILY INCOME, AND THE PATIENT'S INSURE HAS NOT

PROVIDED A DISCOUNT.

- UNINSURED PATIENT DISCOUNT: A WRITE-OFF OF A PORTION OF COVERED

SERVICES NO GREATER THAT THE CURRENT AVERAGE COMMERCIAL

FEE-FOR-SERVICE DISCOUNT WITH MANAGED CARE PAYERS FOR PATIENTS WHOSE

BENEFITS UNDER INSURANCE OR A GOVERNMENT PROGRAM HAVE BEEN EXHAUSTED

PRIOR TO ADMISSION.

- PROMPT PAYMENT DISCOUNT: PARTIAL WRITE-OFF AVAILABLE TO UNINSURED

PATIENTS WHO PAY PROMPTLY, CONSISTING OF AT LEAST A 10% DISCOUNT FOR

THOSE WHO PAY WITHIN 30 DAYS OF FINAL BILLING, OR A 20% DISCOUNT IF

50% OF THE ESTIMATED BILL IS PAID PRIOR TO DISCHARGE.

PART I, LINE 7:

THE ORGANIZATION'S TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25,

COLUMN (A) WAS \$948,121,790. THE BAD DEBT EXPENSE INCLUDED IN THIS

AMOUNT WAS \$17,242,998. THIS LEFT A TOTAL EXPENSE OF \$930,878,792

FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F).

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, LINE 4:

1. AUDIT FOOTNOTE

THE ORGANIZATION IS AN AFFILIATE OF SUTTER HEALTH WHICH UNDERWENT A
SYSTEM-WIDE AUDIT. THE AUDIT REPORT DOES NOT INCLUDE A BAD DEBT
EXPENSE FOOTNOTE. PROVISION FOR BAD DEBTS IS LISTED ON A SEPARATE
LINE ITEM IN THE FINANCIAL STATEMENTS. THE AUDIT DOES INCLUDE
FOOTNOTES FOR PATIENT ACCOUNTS RECEIVABLE AND PATIENT SERVICE
REVENUES LISTED BELOW.

PATIENT ACCOUNTS RECEIVABLE AUDIT FOOTNOTE: SUTTER'S PRIMARY
CONCENTRATION OF CREDIT RISK IS PATIENT ACCOUNTS RECEIVABLE, WHICH
CONSIST OF AMOUNTS OWED BY VARIOUS GOVERNMENTAL AGENCIES, INSURANCE
COMPANIES AND PRIVATE PATIENTS. SUTTER MANAGES THE RECEIVABLES BY
REGULARLY REVIEWING ITS PATIENT ACCOUNTS AND CONTRACTS AND BY
PROVIDING APPROPRIATE ALLOWANCES FOR UNCOLLECTIBLE AMOUNTS.
SIGNIFICANT CONCENTRATIONS OF GROSS PATIENT ACCOUNTS RECEIVABLE ARE
AS FOLLOWS:

MEDICARE 27% AS OF 12/31/09 28% AS OF 12/31/08

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

MEDI-CAL 20% AS OF 12/31/09 19% AS OF 12/31/08

DURING 2009 AND 2008, CERTAIN AFFILIATES COLLECTED ON ACCOUNTS THAT WERE PREVIOUSLY DEEMED UNCOLLECTIBLE AND RESERVED. SUCH RECOVERIES ARE RECOGNIZED IN THE PERIOD THAT CASH IS RECEIVED AND WERE NOT MATERIAL. DUE TO THE INHERENT VARIABILITY IN THIS AREA OF PATIENT RECEIVABLE COLLECTIONS, THERE IS AT LEAST A REASONABLE POSSIBILITY THAT RECORDED ESTIMATES WILL CHANGE BY A MATERIAL AMOUNT IN THE NEAR TERM.

PATIENT SERVICE REVENUES FOOTNOTE: PATIENT SERVICE REVENUES ARE REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYORS AND OTHERS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT PROGRAMS WITH THIRD-PARTY PAYORS. ESTIMATED SETTLEMENTS UNDER THIRD-PARTY REIMBURSEMENT PROGRAMS ARE ACCRUED IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, PRIMARILY AS A RESULT OF FINAL COST REPORT SETTLEMENTS WITH GOVERNMENTAL AGENCIES.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
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- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

2. METHODOLOGY FOR CALCULATING BAD DEBT (AT COST)

THE RATIO OF PATIENT CARE COST TO CHARGES IS APPLIED TO THE BAD DEBT

ATTRIBUTABLE TO PATIENT ACCOUNTS TO CALCULATE THE ESTIMATED COST OF

BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS THAT IS REPORTED ON LINE 2.

DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED AS AN

ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE.

3. METHODOLOGY FOR DETERMINING THE AMOUNT OF BAD DEBT LIKELY

ATTRIBUTABLE TO CHARITY CARE

AMOUNTS MAY BE INCLUDED IN BAD DEBT PENDING A CHARITY CARE

DETERMINATION. UPON ELIGIBILITY THESE AMOUNTS WOULD BE RECLASSIFIED

AS CHARITY CARE.

PART III, LINE 8:

COSTING METHODOLOGY

MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST TO CHARGE

RATIO.

COMMUNITY BENEFIT MEDICARE SHORTFALL

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO

THE ELDERLY AND MEDICARE PATIENTS. CARING FOR MEDICARE PATIENTS

FULFILLS A COMMUNITY NEED AND RELIEVES A GOVERNMENT BURDEN AS THESE

PATIENTS TYPICALLY HAVE LOW AND/OR FIXED INCOMES. MEDICARE DOES NOT

PROVIDE SUFFICIENT REIMBURSEMENT TO COVER THE COST OF PROVIDING CARE

FOR THESE PATIENTS FORCING THE HOSPITAL TO USE OTHER FUNDS TO COVER

THE DEFICIT OF \$ 19,697,460.

PART III, LINE 9B:

COLLECTION PRACTICES ARE CONSISTENT FOR ALL PATIENTS AND COMPLY WITH

APPLICABLE PROVISIONS OF CALIFORNIA LAW. DURING PREADMISSION OR

REGISTRATION, THE HOSPITAL PROVIDES ALL PATIENTS WITH INFORMATION

REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE. AN UNINSURED

PATIENT WHO INDICATES THE FINANCIAL INABILITY TO PAY A BILL IS

EVALUATED FOR FINANCIAL ASSISTANCE. PATIENTS WILL BE GIVEN AN

APPLICATION WHICH WILL DOCUMENT THE PATIENT'S OVERALL FINANCIAL

SITUATION. IF AN UNINSURED PATIENT DOES NOT COMPLETE THE APPLICATION

FORM WITHIN 30 DAYS OF DELIVERY, THE HOSPITAL WILL NOTIFY THE PATIENT

Part VI Supplemental Information

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THAT THE APPLICATION HAS NOT BEEN RECEIVED AND WILL PROVIDE THE

PATIENT AN ADDITIONAL 30 DAYS TO COMPLETE THE APPLICATION.

IF A PATIENT HAS APPLIED FOR CHARITY CARE, HAS BEEN APPROVED TO

RECEIVE CHARITY CARE, OR IS COOPERATING WITH THE HOSPITAL'S EFFORTS

TO SETTLE AN OUTSTANDING BILL WITHIN A REASONABLE TIME PERIOD, THE

HOSPITAL WILL NOT PURSUE COLLECTIONS.

NEEDS ASSESSMENT:

ALTA BATES SUMMIT MEDICAL CENTER (ABSMC) COLLABORATES WITH HOSPITAL

COUNCIL OF NORTHERN AND CENTRAL CALIFORNIA AND LOCAL MEMBER HOSPITALS

TO COMMISSION ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT CAPE UNIT TO

COMPLETE A QUANTITATIVE NEEDS ASSESSMENT THAT INCLUDES HEALTH

INDICATORS AGREED UPON BY THE COLLABORATIVE. ADDITIONAL RESOURCES

INCLUDE SEVERAL EXISTING DOCUMENTS, SUCH AS, THE ALAMEDA COUNTY

HEALTH STATUS REPORT, CITY OF BERKELEY HEALTH STATUS REPORT AND

HEALTHY PEOPLE 2010.

ABSMC ALSO CONDUCTS SEVEN FOCUS GROUPS THROUGHOUT ALAMEDA COUNTY

Part VI Supplemental Information

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INCLUDING SEVERAL OAKLAND AND BERKELEY NEIGHBORHOODS AND INCLUSIVE OF

A LARGE DEMOGRAPHIC BASE. THESE GROUPS ARE FACILITATED BY SA/OPINION

RESEARCH. FINALLY, FOCUS GROUPS ARE CONDUCTED FOR SOME INTERNAL

AUDIENCES INCLUDING THE SUBCOMMITTEES OF THE BOARD OF TRUSTEES AND

PROGRAM ADVISORY GROUPS.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

ABSMC FOLLOWS A SUTTER HEALTH SYSTEMWIDE CHARITY CARE POLICY, WHICH

INCLUDES THE FOLLOWING DETAILS OF HOW PATIENT EDUCATION FOR

ELIGIBILITY ASSISTANCE.

COMMUNICATION OF FINANCIAL ASSISTANCE AVAILABILITY

A. INFORMATION PROVIDED TO PATIENTS:

1. PREADMISSION OR REGISTRATION: DURING PREADMISSION OR REGISTRATION

(OR AS SOON THEREAFTER AS PRACTICABLE) HOSPITAL AFFILIATES SHALL

PROVIDE:

A. ALL PATIENTS WITH INFORMATION REGARDING THE AVAILABILITY OF

FINANCIAL ASSISTANCE AND THEIR RIGHT TO REQUEST AN ESTIMATE OF THEIR

FINANCIAL RESPONSIBILITY FOR SERVICES (IMPORTANT BILLING INFORMATION

Part VI Supplemental Information

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FOR UNINSURED PATIENTS)

B. PATIENTS WHO THE HOSPITAL IDENTIFIES MAY BE UNINSURED WITH A

FINANCIAL ASSISTANCE APPLICATION SUBSTANTIALLY SIMILAR TO THE SUTTER

HEALTH STANDARDIZED FINANCIAL ASSISTANCE APPLICATION, "STATEMENT OF

FINANCIAL CONDITION"

2. EMERGENCY SERVICES. IN THE CASE OF EMERGENCY SERVICES, HOSPITAL

AFFILIATES SHALL PROVIDE THE ABOVE INFORMATION AS SOON AS PRACTICABLE

AFTER STABILIZATION OF THE PATIENT'S EMERGENCY MEDICAL CONDITION OR

UPON DISCHARGE.

3. ALL OTHER TIMES: UPON REQUEST, HOSPITAL AFFILIATES SHALL PROVIDE

PATIENTS WITH INFORMATION ABOUT THEIR RIGHT TO REQUEST AN ESTIMATE OF

THEIR FINANCIAL RESPONSIBILITY FOR SERVICES, THE SUTTER HEALTH

STANDARDIZED FINANCIAL ASSISTANCE APPLICATION FORM, "STATEMENT OF

FINANCIAL CONDITION"

B. POSTINGS AND OTHER NOTICES:

INFORMATION ABOUT FINANCIAL ASSISTANCE SHALL ALSO BE PROVIDED AS

FOLLOWS:

1. BY POSTING NOTICES IN A VISIBLE MANNER IN LOCATIONS WHERE

Part VI Supplemental Information

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THERE IS A HIGH VOLUME OF INPATIENT OR OUTPATIENT

ADMITTING/REGISTRATION, INCLUDING BUT NOT LIMITED TO THE EMERGENCY

DEPARTMENT, BILLING OFFICES, ADMITTING OFFICE, AND OTHER HOSPITAL

OUTPATIENT SERVICE SETTINGS.

2. BY POSTING INFORMATION ABOUT FINANCIAL ASSISTANCE ON THE

SUTTER HEALTH WEBSITE AND EACH HOSPITAL AFFILIATE WEBSITE, IF ANY.

3. BY INCLUDING INFORMATION ABOUT FINANCIAL ASSISTANCE IN BILLS

THAT ARE SENT TO UNINSURED PATIENTS.

4. BY INCLUDING LANGUAGE ON BILLS SENT TO UNINSURED PATIENTS AS

SPECIFICALLY SET FORTH IN THE MANAGEMENT OF PATIENT ACCOUNTS

RECEIVABLE, COLLECTION PRACTICES, HOSPITAL AFFILIATE THIRD-PARTY

LIENS, AND AFFILIATE DISPUTE INITIATION POLICY (FINANCE POLICY

14-227).

C. APPLICATIONS PROVIDED AT DISCHARGE:

IF NOT PREVIOUSLY PROVIDED, HOSPITAL AFFILIATES SHALL PROVIDE

UNINSURED PATIENTS WITH APPLICATIONS FOR MEDI-CAL, HEALTHY FAMILIES,

CALIFORNIA CHILDREN'S SERVICES, OR ANY OTHER POTENTIALLY APPLICABLE

GOVERNMENT PROGRAM AT THE TIME OF DISCHARGE.

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 D. LANGUAGES:

ALL NOTICES/COMMUNICATIONS PROVIDED IN THIS SECTION SHALL BE

AVAILABLE IN THE PRIMARY LANGUAGE(S) OF THE AFFILIATE'S SERVICE AREA

AND IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE LAWS

AND REGULATIONS.

 E. NOTIFICATION TO UNINSURED PATIENTS OF ESTIMATED FINANCIAL

RESPONSIBILITY:

BY LAW, UNINSURED PATIENTS ARE ENTITLED TO RECEIVE AN ESTIMATE OF

THEIR FINANCIAL RESPONSIBILITY FOR HOSPITAL SERVICES. EXCEPT IN THE

CASE OF EMERGENCY SERVICES, HOSPITAL AFFILIATES SHALL NOTIFY PATIENTS

WHO THE HOSPITAL IDENTIFIES MAY BE UNINSURED PATIENTS THAT THEY MAY

OBTAIN AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR HOSPITAL

SERVICES, AND PROVIDE ESTIMATES TO THOSE PATIENTS UPON REQUEST.

ESTIMATES SHALL BE WRITTEN, AND BE PROVIDED DURING NORMAL BUSINESS

HOURS. ESTIMATES SHALL PROVIDE THE PATIENT WITH AN ESTIMATE OF THE

AMOUNT THE HOSPITAL AFFILIATE WILL REQUIRE THE PATIENT TO PAY FOR THE

HEALTH CARE SERVICES, PROCEDURES, AND SUPPLIES THAT ARE REASONABLY

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EXPECTED TO BE PROVIDED TO THE PATIENT BY THE HOSPITAL, BASED UPON

THE AVERAGE LENGTH OF STAY AND SERVICES PROVIDED FOR THE PATIENT'S

DIAGNOSIS.

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COMMUNITY INFORMATION:

ALTA BATES SUMMIT'S PRIMARY SERVICE AREA INCLUDES ALAMEDA COUNTY AND

CERTAIN ZIP CODES OF CONTRA COSTA COUNTY. FOR THE PURPOSES OF

COMMUNITY BENEFIT PLANNING, ABSMC'S CORE SERVICE AREA INCLUDES THE

CITIES OF BERKELEY AND OAKLAND.

BERKELEY IS THE SECOND MOST DENSELY POPULATED URBAN COMMUNITY IN THE

STATE.

- 10% OF THE TOTAL POPULATION IS OVER 65

- LARGE NUMBER OF 20-24 YEAR OLDS BECAUSE OF THE UNIVERSITY

- 46% BETWEEN 25-54

- 60% OF POPULATION IS CAUCASIAN

- 14% AFRICAN AMERICAN (2ND TO OAKLAND IN ALAMEDA COUNTY)

- 10% LATINO

- 5% MULTIRACIAL

- MEDIAN HOUSEHOLD INCOME: \$44,500

OAKLAND 8TH LARGEST POPULATION IN THE STATE

- MEDIAN HOUSEHOLD INCOME IS \$40,000

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- UNIVERSITY OF WISCONSIN STUDY CITED OAKLAND THE MOST INTEGRATED

CITY IN THE NATION

- 35% AFRICAN AMERICAN

- 24% CAUCASIAN

- 15% ASIAN/PACIFIC ISLANDER

- 22% LATINO

COMMUNITY BUILDING ACTIVITIES:

WORKFORCE DEVELOPMENT

ABSMC PARTICIPATES IN SEVERAL COMMUNITY BUILDING ACTIVITIES RANGING

FROM XMAS IN APRIL HOME RESTORATION AND OUR ENVIRONMENTAL STEWARDSHIP

PROGRAM, TO OUR CAREER DEVELOPMENT PROGRAM FOR YOUTH, YOUTH BRIDGE.

YOUTH BRIDGE, NOW CELEBRATING ITS 20TH YEAR, IS A YEAR-ROUND CAREER

DEVELOPMENT PROGRAM THAT ENABLES AT-RISK EAST BAY ADOLESCENTS TO

COMPLETE HIGH SCHOOL, GAIN MEANINGFUL EMPLOYMENT EXPERIENCE, LEARN

ABOUT HEALTH-RELATED CAREERS, AND PURSUE FURTHER ACADEMIC AND

VOCATIONAL EDUCATION. YOUTH BRIDGE HAS SERVED MORE THAN 1000

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"AT-RISK" EAST BAY YOUTH, ENCOURAGING AND SUPPORTING THESE CHILDREN

IN THEIR TRANSITION FROM ADOLESCENCE TO ADULTHOOD. CONCURRENTLY,

YOUTH BRIDGE ADDRESSES THE EVER-INCREASING HEALTH INEQUITIES AND

DISPARITIES IN OUR COMMUNITY. IT ENABLES US TO EXTEND OUR MISSION OF

ENHANCING THE HEALTH AND WELL-BEING OF PEOPLE IN THE COMMUNITIES WE

SERVE BY REACHING OUT TO THE MOST VULNERABLE: OUR CHILDREN.

UNFORTUNATELY OVER THE PAST 20 YEARS, WE HAVE WITNESSED MORE AND MORE

OF OUR YOUNG PEOPLE SIMPLY BEING LOST. OAKLAND CHILDREN ARE DROPPING

OUT OF HIGH SCHOOL AT ALARMING RATES: 50 PERCENT OF 9TH GRADERS DROP

OUT AND NEVER RETURN TO SCHOOL. IN KEEPING WITH THE MEDICAL CENTER'S

COMMUNITY BENEFIT STRATEGY TO ADAPT TO MEET CHANGING COMMUNITY NEEDS,

YOUTH BRIDGE, TOO, HAS EVOLVED. NOT ONLY DO WE WORK TO SUPPORT OUR

AT-RISK CHILDREN, BUT WE HAVE DEVELOPED OUR PROGRAM TO BEGIN TO

ADDRESS INEQUITIES AND DISPARITIES IN OUR COMMUNITY BY CHANGING THE

FACE OF OUR HEALTH CARE WORK FORCE.

RELATIONSHIPS

Part VI Supplemental Information

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YOUTH BRIDGE HAS MANY PARTNERS WHO OFFER A WIDE VARIETY OF SERVICES

TO THE STUDENTS, INCLUDING: SAMUEL MERRITT NURSING COLLEGE, FAST

RESPONSE, SAFE PASSAGES, ALAMEDA COUNTY FOOD BANK, FAMILY LAW CENTER,

SUTTER EAST BAY MEDICAL GROUP, BERKELEY AND OAKLAND YMCA, SUNRISE

MEDICAL GROUP, BLACK NURSES ASSOCIATION, THE MENTORING CENTER, AND

YOUTH ALIVE. IN 2006, YOUTH BRIDGE AND PARTNERS CREATED A PIPELINE

PROGRAM, A COLLABORATION SUPPORTED IN PART WITH COUNTY FUNDS THAT

ALLOWED AN EXPANSION OF SERVICES AND ENHANCED COLLABORATIVE EFFORTS.

MEASURABLE OUTCOMES

YOUTH BRIDGE PARTICIPANTS ARE SUCCESSFUL! SINCE 2007:

- 80 MIDDLE SCHOOL STUDENTS COMPLETED OUR YOUTH IN MEDICINE SUMMER

CAMP

- 56 HIGH SCHOOL STUDENTS COMPLETED PAID INTERNSHIPS

- 10 HIGH SCHOOL STUDENTS WON YOUTH BRIDGE SCHOLARSHIPS

- 38 HIGH SCHOOL STUDENTS WERE EMPLOYED PART TIME BY ALTA BATES

SUMMIT

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- 50 HIGH SCHOOL STUDENTS COMPLETED PAID APPRENTICESHIP PROGRAMS

- 110 FAMILIES PARTICIPATED IN FAMILY ASSOCIATION ACTIVITIES

- 35 ARE ENROLLED IN 4-YEAR COLLEGES

OTHER INFORMATION:

SUTTER HEALTH'S MISSION READS:

WE ENHANCE THE WELL-BEING OF THE PEOPLE IN THE COMMUNITIES WE SERVE,

THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN

HEALTH CARE SERVICES.

SUTTER HEALTH'S MISSION REACHES BEYOND THE WALLS OF OUR CARE

FACILITIES. OUR AFFILIATES FURTHER THEIR TAX EXEMPT PURPOSE BY:

- BUILDING RELATIONSHIPS OF TRUST THROUGH WORKING COLLABORATIVELY

WITH COMMUNITY GROUPS, SCHOOLS AND GOVERNMENT ORGANIZATIONS TO

EFFECTIVELY LEVERAGE RESOURCES AND ADDRESS IDENTIFIED COMMUNITY

NEEDS

- SUPPORTING NONPROFIT ORGANIZATIONS THAT ARE COMMITTED TO COMMUNITY

HEALTH IMPROVEMENT THROUGH FINANCIAL INVESTMENTS, IN-KIND SERVICES

AND EMPLOYEE VOLUNTEERISM

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- PROVIDING GENEROUS CHARITY CARE POLICIES FOR OUR MOST VULNERABLE

COMMUNITY MEMBERS

EXAMPLES OF ABSMC SPECIFIC ACTIVITIES INCLUDE:

ALTA BATES SUMMIT MEDICAL CENTER IS THE ONLY HOSPITAL IN THE CITY OF

BERKELEY AND ONE OF THE LARGEST EMPLOYERS IN BOTH OAKLAND AND

BERKELEY. IN 2009, THE MEDICAL CENTER CONTRIBUTED MORE THAN \$90

MILLION IN COMMUNITY BENEFIT, INCLUDING CHARITY CARE (\$11 MILLION)

AND MEDICAL SHORTFALL (\$64 MILLION). OUR EMERGENCY DEPARTMENTS HAVE

MORE THAN 84,000 VISITS ANNUALLY.

ABSMC HAS 26 COMMUNITY BENEFIT PROGRAMS AND INITIATIVES. MANY OF THE

PROGRAMS HAVE ADVISORY BOARDS COMPRISED SOLELY OF COMMUNITY MEMBERS

THAT PROVIDE INPUT AND OVERSIGHT OF COMMUNITY BENEFIT ACTIVITIES. OUR

BOARD OF TRUSTEES IS ACTIVELY ENGAGED IN COMMUNITY BENEFIT PLANNING

AND APPROVAL OF THE COMMUNITY BENEFIT PLAN. MANY OF OUR PHYSICIANS

ARE ENGAGED IN OUTREACH AND EDUCATION ACTIVITIES AND ALSO SERVE AS

MENTORS FOR OUR YOUTH CAREER DEVELOPMENT PROGRAMS.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IN 2000, THE MEDICAL CENTER BOARD OF TRUSTEES ADOPTED GUIDELINES FOR

COMMUNITY BENEFIT CONTRIBUTION. THESE GUIDELINES FOCUS ON COMMUNITY

NEED, MEDICAL CENTER EXPERTISE, PREVENTION, EARLY DETECTION,

TREATMENT, AND COLLABORATION. THE MEDICAL CENTER HAS MORE THAN 400

COLLABORATIVE PARTNERS INVOLVED IN COMMUNITY BENEFIT.

ALTA BATES SUMMIT'S AFFILIATE, SAMUEL MERRITT UNIVERSITY, TRAINS

HUNDREDS OF HEALTH CARE PROFESSIONALS EACH YEAR, MANY OF WHOM ARE

FROM OUR OWN COMMUNITY. IN 2009, SAMUEL MERRITT PROVIDED IN EXCESS OF

\$2 MILLION IN SCHOLARSHIPS, WITH A FOCUS ON UNDERREPRESENTED

POPULATIONS.

THROUGH OUR JORDAN RESEARCH AND EDUCATION INSTITUTE (REDI) ALTA BATES

SUMMIT PHYSICIANS RECEIVE THE ADMINISTRATIVE SUPPORT THEY NEED TO

SUCCESSFULLY CONDUCT MEDICAL RESEARCH IN OUR COMMUNITY SETTING AND TO

INTEGRATE SUCH IMPORTANT WORK INTO THEIR BUSY PRACTICE. REDI ALSO

ASSISTS PHYSICIANS AND HEALTHCARE PROVIDERS TO FULFILL THEIR

CONTINUING EDUCATION REQUIREMENTS BY PROVIDING A VARIETY OF MEDICAL

EDUCATION PROGRAMS.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

 ABSMC CONTINUES TO SUPPORT OUR COMMUNITY CLINICS IN BERKELEY AND

 OAKLAND, PROVIDING FREE SPACE, EQUIPMENT, ADMINISTRATIVE SUPPORT,

 FUNDING AND MORE.

AFFILIATED HEALTH CARE SYSTEM ROLES:

 ABSMC IS PART OF SUTTER HEALTH, A NOT-FOR-PROFIT SYSTEM OF

 PHYSICIANS, HOSPITALS AND OTHER HEALTH CARE PROVIDERS. SERVING

 PATIENTS AND THEIR FAMILIES IN MORE THAN 100 NORTHERN CALIFORNIA

 CITIES AND TOWNS, SUTTER HEALTH AFFILIATES JOIN RESOURCES AND SHARE

 EXPERTISE TO ADVANCE HEALTH CARE QUALITY AND ACCESS.

 SUTTER-AFFILIATED HOSPITALS ARE REGIONAL LEADERS IN CARDIAC CARE,

 WOMEN'S AND CHILDREN'S SERVICES, CANCER CARE, ORTHOPEDICS, AND

 ADVANCED PATIENT SAFETY TECHNOLOGY.

 SUTTER HEALTH HOSPITALS PLAN AND DELIVER COMMUNITY BENEFIT SERVICES

 LOCALLY WITH A FOCUS ON COLLABORATING WITHIN THEIR COMMUNITY TO MEET

 IDENTIFIED NEEDS. IN 2009, SUTTER HEALTH AFFILIATES PROVIDED \$667

 MILLION IN SERVICES TO THE POOR* AND BROADER COMMUNITY**. SUTTER

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
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- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

HEALTH FOLLOWS THE NATIONAL STANDARDS FOR COMMUNITY BENEFIT REPORTING

AS OUTLINED IN CHA'S A GUIDE FOR PLANNING AND REPORTING COMMUNITY

BENEFIT 2009.

* SERVICES FOR THE POOR AND UNDERSERVED INCLUDE SERVICES PROVIDED TO

PERSONS WHO CANNOT AFFORD HEALTH CARE BECAUSE OF INADEQUATE RESOURCES

AND/OR ARE UNINSURED OR UNDERINSURED, AS WELL AS THE COSTS OF PUBLIC

PROGRAMS TREATING MEDI-CAL AND INDIGENT BENEFICIARIES. COSTS ARE

COMPUTED BASED ON A RELATIONSHIP OF COSTS TO CHARGES. SERVICES FOR

THE POOR AND UNDERSERVED ALSO INCLUDE THE COST OF OTHER SERVICES FOR

INDIGENT POPULATIONS, AND CASH DONATIONS ON BEHALF OF THE POOR AND

NEEDY.

** BENEFITS FOR THE BROADER COMMUNITY INCLUDE COSTS OF PROVIDING THE

FOLLOWING SERVICES: HEALTH SCREENINGS AND OTHER HEALTH-RELATED

SERVICES, TRAINING HEALTH PROFESSIONALS, EDUCATING THE COMMUNITY WITH

VARIOUS SEMINARS AND CLASSES, THE COST OF PERFORMING MEDICAL RESEARCH

AND THE COSTS ASSOCIATED WITH PROVIDING FREE CLINICS AND COMMUNITY

SERVICES. BENEFITS FOR THE BROADER COMMUNITY ALSO INCLUDE

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
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- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CONTRIBUTIONS SUTTER HEALTH MAKES TO COMMUNITY AGENCIES TO FUND

CHARITABLE ACTIVITIES.

ALL STATES WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT:

CA,

53157K 4019

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

PART I, LINE 2.

PURPOSE

IN FULFILMENT OF OUR MISSION STATEMENT, ALTA BATES SUMMIT AIMS TO ENHANCE

THE WELL-BEING OF THE PEOPLE IN THE COMMUNITIES WE SERVE THROUGH

COMPASSION AND EXCELLENCE. TO THAT END, ALTA BATES SUMMIT MEDICAL

CENTER MAINTAINS A COMMUNITY CONTRIBUTIONS PROGRAM. A BUDGET IS

ESTABLISHED EACH YEAR AND IS OVERSEEN BY THE COMMUNITY RELATIONS

DEPARTMENT. THE GOAL OF THE PROGRAM IS TO SUPPORT THOSE COMMUNITY-BASED

ORGANIZATIONS THAT SHARE A SIMILAR MISSION AS ALTA BATES SUMMIT.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

 ELIGIBILITY REQUIREMENTS

PROJECTS OR ORGANIZATIONS WISHING TO OBTAIN SUPPORT FROM ALTA BATES

SUMMIT COMMUNITY CONTRIBUTIONS PROGRAM MUST:

* BE A TAX-EXEMPT 501(C)3 NON-PROFIT ORGANIZATION OR PUBLIC ENTITY;

* BE LOCATED IN THE EAST BAY AND SERVE ITS POPULATIONS;

* PROVIDE SERVICES RELATED TO HEALTH AND HUMAN SERVICES

* PREFERABLY BE ORGANIZATIONS THAT HAVE A RELATIONSHIP WITH ALTA BATES

SUMMIT EMPLOYEES, PHYSICIANS, VOLUNTEERS AND BOARD MEMBERS

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

AREA OF FOCUS

* HEALTH

* EDUCATION

* CIVIC AND COMMUNITY RELATIONS

* CULTURE AND THE ARTS

TYPE OF SUPPORT

* FINANCIAL

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

* TECHNICAL SUPPORT

* EQUIPMENT/SUPPLIES DONATION OR OTHER IN-KIND DONATIONS

REQUEST PROCESS

ALL REQUESTS MUST BE MADE IN WRITING AND DIRECTED TO THE COMMUNITY

RELATIONS DEPARTMENT AT LEAST 6 WEEKS PRIOR TO WHEN FUNDING IS NEEDED.

ALTA BATES SUMMIT MEDICAL CENTER DOES NOT FUND REQUESTS FOR

* INDIVIDUALS

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

* POLITICAL CONTRIBUTIONS

* SPORTS TEAMS OR INDIVIDUALS PARTICIPATING IN A SPORTING EVENT

THE SUTTER HEALTH SYSTEM HAS AN OVERLAP IN LEADERSHIP WHICH MONITORS THE

USE OF GRANTS BETWEEN AFFILIATES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

SUTTER EAST BAY HOSPITALS

Employer identification number

94-1196176

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
VIKI L ARDITO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	320,796.	48,500.	564.	103,691.	15,342.	488,893.	81,811.
MARK W BEITING	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	299,030.	49,100.	7,590.	130,143.	15,340.	501,203.	56,886.
ED BERDICK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	798,068.	385,204.	14,096.	852,716.	17,509.	2,067,593.	228,135.
TONI BRAYER MD	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	400,060.	53,700.	1,309.	175,868.	15,450.	646,387.	64,669.
LEONARDO DOMINGUEZ	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	266,207.	24,800.	574.	89,305.	15,278.	396,164.	24,800.
JOHN GENTILE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	399,437.	65,500.	12,455.	134,692.	14,724.	626,808.	82,788.
GLORIA HARMON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	218,944.	35,700.	3,910.	74,042.	10,963.	343,559.	43,035.
WARREN KIRK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	565,787.	212,051.	9,702.	461,625.	18,669.	1,267,834.	183,837.
ZULFIKARALI LALANI	(i)	255,216.	1,500.	100.	14,397.	23,861.	295,074.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
STEPHEN LOCKHART MD	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	265,372.	0.	3,555.	146,957.	9,864.	425,748.	0.
VICTOR MEINKE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	274,345.	42,900.	725.	91,773.	15,298.	425,041.	54,311.
ROBERT PETRINA	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	443,932.	67,400.	963.	192,537.	10,944.	715,776.	80,118.
CATHERINE A ROSE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	266,977.	44,500.	1,033.	94,418.	5,793.	412,721.	50,628.
TODD SMITH	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	292,113.	46,700.	3,295.	121,066.	15,306.	478,480.	52,404.
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

RELEVANT INFORMATION REGARDING COMPENSATION ITEMS

PART I, QUESTION 1A

TRAVEL FOR COMPANIONS: OFFICERS AND KEY EMPLOYEES PAID BY SUTTER HEALTH

ARE ELIGIBLE TO BRING A COMPANION ON ONE BUSINESS TRIP PER CALENDAR YEAR

AND HAVE THE COST OF THE AIRFARE AND MEALS PAID FOR BY SUTTER HEALTH. THE

COST IS ADDED TO EMPLOYEE'S WAGES.

TAX INDEMNIFICATION: STANDARD POLICY FOR ALL SUTTER HEALTH EMPLOYEES IS

THAT NON-CASH GIFTS AND AWARDS ARE GROSSED-UP FOR TAX PURPOSES. THE

AMOUNT OF THE GROSS-UP IS ADDED TO THE EMPLOYEE'S WAGES.

SUPPLEMENTAL COMPENSATION INFORMATION

PART I, QUESTION 3

THE CEO OF THE ORGANIZATION IS AN EMPLOYEE OF SUTTER HEALTH. THE

COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS

ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO

ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED. THE

COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY
OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S
OVERALL MISSION.

NONQUALIFIED RETIREMENT PLAN

PART I, QUESTION 4B

THE PURPOSE OF THE NONQUALIFIED RETIREMENT PLAN IS TO PROVIDE ADDITIONAL
DEFERRED COMPENSATION BENEFITS TO THE PARTICIPANTS, WHO ARE MEMBERS OF A
SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES, BY PROVIDING
FOR THE PAYMENT OF DEFERRED COMPENSATION AFTER THE COMPLETION OF THE
SPECIFIED NUMBER OF YEARS OF SERVICE.

ANNUALLY, SUTTER HEALTH MAKES A CONTRIBUTION TO EACH PARTICIPANT'S
ACCOUNT BASED ON 4% OF BASE PAY. THERE IS AN ADDITIONAL CONTRIBUTION FOR
EXECUTIVES WHOSE PENSION ELIGIBLE EARNINGS WERE GREATER THAN THE PENSION
PAY CAP IN THE PREVIOUS YEAR. THE CALCULATION IS AS FOLLOWS:

* PENSION ELIGIBLE EARNINGS

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

* LESS PENSION PAYCAP AMOUNT

* TIMES A SPECIFIC % BASED ON YEARS OF SERVICE

THE PENSION RESTORATION PLAN IS DESIGNED TO HELP MAXIMIZE EACH

PARTICIPANT'S RETIREMENT POTENTIAL BY PROVIDING A TARGETED BENEFIT THAT,

ALONG WITH EACH PARTICIPANT'S OTHER RETIREMENT INCOME, PROVIDES:

* 65% OF FINAL 4-YEAR AVERAGE SALARY IF PARTICIPANT RETIRES AT AGE 65

WITH 22.5 YEARS OF SERVICE.

* 50% OF FINAL 4-YEAR AVERAGE SALARY IF PARTICIPANT RETIRES AT AGE 65

WITH 15 YEARS OF SERVICE.

SINCE IT IS A TARGETED BENEFIT, ANNUAL CONTRIBUTION AMOUNTS VARY BASED ON

ASSUMPTIONS MADE TAKING INTO ACCOUNT EACH PARTICIPANTS' AGE, YEARS OF

SERVICE, AND OTHER RETIREMENT ACCOUNT BALANCES.

NAME AND AMOUNT FOR 2009

ED BERDICK \$198,600

TONI BRAYER, MD \$23,600

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

WARREN KIRK \$116,100

ROBERT PETRINA \$26,400

VIKI L. ARDITO \$18,500

MARK BEITING \$14,900

JOHN GENTILE \$23,000

CATHERINE A. ROSE \$13,500

TODD SMITH \$13,200

VICTOR MEINKE \$12,700

LEONARDO DOMINGUEZ \$14,300

GLORIA B. HARMON \$7,900

NON-FIXED PAYMENTS

PART I, QUESTION 7

SPOT AWARDS ARE INFREQUENTLY USED TO REWARD EMPLOYEES. THERE ARE NO

SPECIFIC GUIDELINES FOR THE AMOUNT OF THE SPOT AWARD BUT THE AMOUNT TENDS

TO NEVER EXCEED 5% OF GROSS PAY.

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**
▶ **See the instructions for Form 990.**

Open to Public Inspection

94-1196176

[illegible]

Schedule J-2 (Form 990) 2009

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

► Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization
SUTTER EAST BAY HOSPITALS

Employer identification number
94-1196176

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A CSCDA 2004CD	68-0164610	130795TE7	05/06/2008	7,543,681.	REFUNDING - 2/17/2004		X		X
B CHFFA 2008A	52-1643828	13033F2L3	05/14/2008	34,505,095.	REFUNDING - 2/17/2004 & 5/1/2007		X		X
C									
D									
E									

Part II Proceeds

	A		B		C		D		E	
1 Total proceeds of issue	665,648.		0.							
2 Gross proceeds in reserve funds	665,649.		0.							
3 Proceeds in refunding or defeasance escrows	0.		0.							
4 Other unspent proceeds	0.		0.							
5 Issuance costs from proceeds	0.		0.							
6 Working capital expenditures from proceeds	0.		0.							
7 Capital expenditures from proceeds	0.		0.							
8 Year of substantial completion	2005									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue?		X	X							
10 Were the bonds issued as part of an advance refunding issue?		X		X						
11 Has the final allocation of proceeds been made?	X		X							
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X						
2 Are there any lease arrangements with respect to the financed property which may result in private business use?	X		X							

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2009

JSA

9E1295 2.000

53157K 4019

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X							
b Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X						
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	.3000%		.2000%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%		%	
6 Total of lines 4 and 53000%		.2000%		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X							
2 Is the bond issue a variable rate issue?		X		X						
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		X		X						
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?	X			X						
6 Did the bond issue qualify for an exception to rebate?		X		X						

Schedule K (Form 990) 2009

53157K 4019

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

SUTTER EAST BAY HOSPITALS

Employer identification number
94-1196176

ATTACHMENT 1

MISSION STATEMENT

990 PART I, LINE 1 AND PART III, LINE 1

TO ENHANCE THE HEALTH AND WELL BEING OF PEOPLE IN THE COMMUNITIES WE
SERVE THROUGH COMPASSION AND EXCELLENCE.

SERVICE EXCELLENCE STANDARD C.A.R.I.N.G.

CUSTOMER/PATIENTS FIRST

ACKNOWLEDGE AND GREET OTHERS

REACH OUT TO HELP AND FOLLOW THROUGH

INITIATE CONTACT AND COMMUNICATE

NURTURE OTHERS

GIVE ATTENTION TO DETAIL

EXEMPT PURPOSE ACHIEVEMENTS

990 PART III, LINE 4A

DURING 2002, ALTA BATES MEDICAL CENTER MERGED WITH SUMMIT MEDICAL CENTER
(A RELATED 501(C)(3) HOSPITAL), CREATING ALTA BATES SUMMIT MEDICAL CENTER
(ABSMC). THIS ORGANIZATION CONSISTS OF TWO NON-PROFIT HOSPITALS
PROVIDING ACUTE CARE AND EMERGENCY MEDICAL AND SURGICAL SERVICES TO
INPATIENTS AND OUTPATIENTS OF THE SAN FRANCISCO BAY AREA.

ABSMC HAS DEVELOPED STRENGTHS IN SPECIALTY AREAS SUCH AS HIGH-RISK
OBSTETRICS, NEONATOLOGY, MENTAL HEALTH, CANCER TREATMENT, REHABILITATION

Name of the organization

SUTTER EAST BAY HOSPITALS

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ATTACHMENT 1 (CONT'D)

AND CARDIOLOGY.

IN 2009, ABSMC CONTRIBUTED MORE THAN \$86.9 MILLION IN COMMUNITY BENEFIT. COMMUNITY BENEFIT PROGRAMS AND SERVICES REACHED MORE THAN 180,000 COMMUNITY MEMBERS. SEVERAL OF THESE PROGRAMS ARE DESCRIBED BELOW. ALSO ATTACHED IS A COMPREHENSIVE LIST OF ALL OF THE MEDICAL CENTER'S COMMUNITY BENEFIT PROGRAMS AND SERVICES.

1. REHABILITATION SERVICES

* BREAST HEALTH ACCESS FOR WOMEN WITH DISABILITIES: FIRST PROGRAM OF ITS KIND IN THE NATION, THIS CLINIC FEATURES A WHEELCHAIR-ACCESSIBLE MAMMOGRAPHY MACHINE AND SPECIAL EXAM TABLES, AS WELL AS EDUCATION AND OUTREACH SERVICES DESIGNED SPECIFICALLY FOR WOMEN WITH DISABILITIES. ALL ARE FREE TO DISABLED WOMEN IN ALAMEDA AND CONTRA COSTA COUNTIES. THE PROGRAM HAS IGNITED INTEREST NATION-WIDE AND WILL BE INSTRUMENTAL IN ENHANCING HEALTH CARE FOR DISABLED WOMEN EVERYWHERE.

* THE DISABLED COMMUNITY HEALTH CLINIC: FOCUSES ON FOSTERING INDEPENDENCE WITHIN THE DISABLED COMMUNITY. THE PROGRAM FOCUSES ON OUTPATIENT DELIVERY OF CARE, AND SERVICE IS PROVIDED REGARDLESS OF THE PATIENT'S ABILITY TO PAY. THIS PROGRAM ALSO ALLOWS DISABLED PERSONS TO GAIN ACCESS TO NEEDED SUB-SPECIALTIES.

* THE PRE-SCHOOL COMMUNICATION PROGRAM (SMALL VOICE): OFFERS INTENSIVE

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ATTACHMENT 1 (CONT'D)

SPEECH THERAPY TO PRE-SCHOOL CHILDREN (AGES TWO AND ONE-HALF TO FIVE YEARS) EXHIBITING SPEECH AND LANGUAGE PROBLEMS. MORNING AND AFTERNOON SESSIONS ARE SCHEDULED THREE DAYS A WEEK. A SESSION CONSISTS OF TWO AND ONE-HALF HOURS OF GROUP INTERACTION LED BY A THERAPIST. THE CHILD ALSO MEETS ONE-ON-ONE WITH HIS OR HER THERAPIST WEEKLY. THIS PROGRAM IS PARTIALLY FUNDED THROUGH UNITED WAY FUNDS AND OTHER GRANTS.

* PHYSICAL AND OCCUPATIONAL THERAPY EDUCATIONAL PROGRAM: PROVIDED TO ORGANIZATIONS SUCH AS CHURCHES, SENIOR CENTERS, MULTIPLE SCLEROSIS, POST-POLIO GROUPS, AND HALL OF HEALTH GROUPS. OFFERS EDUCATIONAL SEMINARS YEARLY ON THE TOPICS OF BACK CARE, STAIR CLIMBING, AND AMBULATORY MOBILITY.

* STROKE SUPPORT GROUP: FOR STROKE SURVIVORS, FAMILY AND FRIENDS.

* ARTHRITIS SUPPORT SERVICES: IN CONJUNCTION WITH THE ARTHRITIS FOUNDATION, REHAB SERVICES OFFERS FREE SUPPORT AND EDUCATION PROGRAMS TO THE COMMUNITY. MONTHLY MEETINGS OF THIS GROUP FEATURE EXPERTS ON MANY TOPICS OF INTEREST TO PEOPLE LIVING WITH ARTHRITIS.

* REHAB CAREGIVERS SUPPORT GROUP: OFFERED TO FAMILY MEMBERS AND FRIENDS WHO HAVE SOMEONE WHO HAS BEEN THROUGH THE ACUTE REHABILITATION PROGRAM AT THE HERRICK CAMPUS. THE PROGRAM ADDRESSES THE NEEDS OF CAREGIVERS ASSISTING A PERSON LIVING WITH PHYSICAL DISABILITIES AND NEEDING SUPPORT.

Name of the organization

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SUTTER EAST BAY HOSPITALS

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ATTACHMENT 1 (CONT'D)

2. RESPIRATORY SERVICES

* ADULT ASTHMA EDUCATION: TEACHES PATIENTS TO UNDERSTAND ASTHMA MEDICATIONS AND SELF-MANAGEMENT. MONTHLY THREE HOUR EDUCATIONAL PROGRAMS FOR PATIENTS WITH ASTHMA.

* ASTHMA MANAGEMENT RESOURCE CENTER: PROVIDES A SYSTEMIZED APPROACH TO ASTHMA MANAGEMENT FOR PATIENTS. PATIENTS ARE PROVIDED APPROPRIATE EDUCATION, MEDICAL APPLIANCES AND MEDICATION FREE OF CHARGE. PATIENTS ARE REFERRED TO LOCAL COMMUNITY CLINICS FOR ANY FURTHER CLINICAL SERVICES.

* ASTHMA SUPPORT GROUP: PROVIDES FREE EDUCATION AND SUPPORT TO PERSONS WITH ASTHMA FOLLOWING PARTICIPATION IN PULMONARY REHABILITATION. THE GROUPS MEET MONTHLY.

3. OLDER ADULT SERVICES

VARIOUS PROGRAMS FOCUS ON ENSURING THAT THE BASIC NEEDS OF THE OLDER ADULT POPULATION ARE MET, AND THAT OLDER ADULTS WHO ARE POOR HAVE ACCESS TO HEALTH CARE, WITH AN EMPHASIS ON PREVENTIVE CARE. PROGRAMS MADE AVAILABLE TO OLDER ADULTS INCLUDE HEALTH FAIRS, THE ALZHEIMER CAREGIVER SUPPORT GROUP, AND CAREGIVER TRAINING PROGRAMS. OTHER PROGRAMS INCLUDE:

* TELE-CARE PROGRAM: FREE TELEPHONE PROGRAM THAT PROVIDES DAILY

Name of the organization

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ATTACHMENT 1 (CONT'D)

REASSURANCE CALLS 365 DAYS A YEAR TO THOSE WHO MAY BE HOME-BOUND, DISABLED, CONVALESCING FROM AN ILLNESS, RETIRED, A WIDOW OR WIDOWER. THE TARGET POPULATION IS OVER 60 YEARS OF AGE. RESIDENTS OF ALAMEDA AND CONTRA COSTA COUNTIES ARE ELIGIBLE TO PARTICIPATE IN THE PROGRAM.

* HEALTH ACCESS: PROVIDES ON-GOING MONTHLY LECTURES ON TOPICS OF INTEREST TO SENIORS, SUCH AS, NUTRITION, DIABETES CARE, BLOOD PRESSURE SCREENING, COPING WITH ALZHEIMER'S DISEASE AND OTHERS, FREE OF CHARGE.

* LIFELINE: PROVIDES PERSONAL EMERGENCY RESPONSE SERVICES TO OLDER ADULTS, THE FRAIL AND PHYSICALLY CHALLENGED IN THE COMMUNITY.

4. WOMEN AND INFANT SERVICES

* NEONATAL INTENSIVE CARE UNIT (NICU): THE UNIT FOCUSES NOT ONLY ON THE MEDICAL NEEDS OF THE BABY, BUT ON ITS DEVELOPMENTAL NEEDS AS WELL. THE NICU, WHICH SERVES A LARGE PERCENTAGE OF UNINSURED, IS BASED ON THE PHILOSOPHY THAT THE FAMILY IS THE PATIENT, NOT JUST THE INFANT AND THAT THE GOAL IS TO DISCHARGE THE MOST COMPETENT PARENT(S) AND MOST COMPETENT INFANT POSSIBLE.

* NEONATAL TRANSPORT: PROVIDES A CLINICAL TEAM FOR INFANT TRANSPORT FROM A COMMUNITY HOSPITAL TO ALTA BATES SUMMIT NICU.

* BREAST FEEDING SUPPORT PROGRAM: OFFERS LACTATION CONSULTANT

Name of the organization

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ATTACHMENT 1 (CONT'D)

AVAILABILITY IN THE HOSPITAL, PARTICIPATION ON THE ALAMEDA BREASTFEEDING
TASK FORCE AND COOPERATIVE ENDEAVORS WITH BERKELEY WIC PROGRAMS.

* LABOR AND DELIVERY PARENT EDUCATION/CHILDBIRTH EDUCATION PROGRAM:
CLASSES AND LECTURES EMPHASIZING WHAT TO EXPECT WHEN PREGNANT, FROM
CHANGES IN FAMILY DYNAMICS (BIG BROTHER/BIG SISTER CLASS AND BECOMING A
FATHER) TO LECTURES ABOUT PREPARING FOR BREASTFEEDING AND COPING WITH
LABOR PAINS. SOME COURSES REQUIRE A FEE, MOST ARE PROVIDED FREE OF
CHARGE.

* THE PARENT SHARE SUPPORT PROGRAM: NURSES FROM THE ABSMC NURSERY STAFF
LEAD SUPPORT GROUP MEETINGS TWICE A MONTH FOR PARENTS WHO HAVE INFANTS IN
THE NEWBORN INTENSIVE CARE UNIT (NICU). ALTA BATES SUMMIT ALSO SPONSORS
AN ANNUAL NURSERY REUNION FOR ITS NICU "GRADUATES."

* INFANT FOLLOW-UP PROGRAM: PROVIDES DEVELOPMENTAL DIAGNOSTIC FOLLOW-UP
SERVICES TO APPROXIMATELY 175 INFANTS DISCHARGED EACH YEAR FROM THE NICU.
THE PROGRAM OPERATES AN OUTPATIENT CLINIC WEEKLY. DIAGNOSTIC SERVICES
INCLUDE DEVELOPMENTAL HISTORY, PSYCHO-SOCIAL ASSESSMENT,
NEURO-DEVELOPMENTAL AND PHYSICAL EXAMINATION BY NURSES, A CHILD
PSYCHOLOGIST AND PHYSICIAN, AND REFERRAL TO COMMUNITY RESOURCES FOR
ON-GOING DEVELOPMENTAL INTERVENTIONS.

* SPECIAL CONNECTIONS PROGRAM: SUPPORT GROUP FOR HOSPITALIZED HIGH-RISK
ANTEPARTUM WOMEN. WOMEN ARE VISITED IN THE HOSPITAL BY FORMER ANTEPARTUM

Name of the organization

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ATTACHMENT 1 (CONT'D)

PATIENTS WHO SHARE CONCERNS AND OFFER ADVICE ON DEALING WITH THE
FRUSTRATION OF BEING ON BED REST.

* SUPPORT AFTER NEONATAL DEATH (SAND): PROVIDES SUPPORT FOR PARENTS WHO
EXPERIENCE FETAL OR NEONATAL DEATH (IN THE EAST BAY.) SUPPORT SERVICES
INCLUDE HELPING THE PARENTS COPE WITH THE DEATH, ARRANGING BURIAL
SERVICES, AND SCHEDULING ON-GOING SUPPORT AND COUNSELING. THE GROUP
SUPPORT AND COUNSELING IS ALSO AVAILABLE FOR PARENTS WHO HAVE DELIVERED
AT HOSPITALS OTHER THAN ABSMC.

EXEMPT PURPOSE ACHIEVEMENTS

990 PART III, LINE 4A

5. ONCOLOGY SERVICES/SUPPORT GROUPS

* BREAST CANCER SUPPORT GROUP FOR WOMEN UNDER 40: FOCUSES ON THE SPECIAL
NEEDS AND CONCERNS OF YOUNGER WOMEN. PROGRAM IS PROVIDED FREE OF CHARGE.

* GUIDED RELAXATION AND VISUALIZATION: INNOVATIVE APPROACH TO REDUCING
STRESS AND ANXIETY AND CREATING POSITIVE, LIFE-AFFIRMING IMAGES FOR
PEOPLE LIVING WITH CANCER. PROGRAM IS PROVIDED FREE OF CHARGE.

* MARKSTEIN CANCER EDUCATION AND PREVENTION CENTER: DEDICATED TO
DECREASING THE INCIDENCE OF CANCER THROUGH EARLY DETECTION AND OUTREACH
EDUCATION. THE CENTER PROVIDES A VAST ARRAY OF OUTREACH AND EDUCATIONAL
ACTIVITIES - INCLUDING BUT NOT LIMITED TO, THE CENTER'S FREE CLINIC OF
COMPLIMENTARY THERAPY, BREAST CANCER AND GENERAL CANCER SUPPORT GROUPS
AND THE "LOOK GOOD FEEL BETTER" PROGRAM. FOR MORE INFORMATION ABOUT THE

Name of the organization

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ATTACHMENT 1 (CONT'D)

VARIOUS PROGRAMS OFFERED, PLEASE SEE THE ATTACHED LIST.

* COMPREHENSIVE CANCER CENTER OUTREACH EFFORTS: LOCATED AT THE HERRICK CAMPUS OF THE MEDICAL CENTER, OFFERS MORE THAN 18 DIFFERENT COMMUNITY OUTREACH PROGRAMS AND SERVICES, INCLUDING A CANCER RESOURCE CENTER AND SEVERAL SUPPORT GROUPS AND EDUCATION ACTIVITIES. FOR MORE INFORMATION ABOUT THE VARIOUS PROGRAMS OFFERED, PLEASE SEE THE ATTACHED LIST.

* NEWLY DIAGNOSED BREAST CANCER SUPPORT GROUP: GOAL OF THIS GROUP IS TO SUPPORT THE NEWLY DIAGNOSED PATIENT, PROVIDE INFORMATION, AND A FORUM TO SHARE FEELINGS AND CONCERNS. PROGRAM IS PROVIDED FREE OF CHARGE.

* PARTNERS OF WOMEN WITH BREAST CANCER: PROVIDES A SUPPORTIVE ENVIRONMENT FOR PARTNERS OF WOMEN WITH CANCER TO TALK ABOUT THEIR EMOTIONS AND CONCERNS. PROGRAM IS PROVIDED FREE OF CHARGE.

* SEXUALITY, INTIMACY AND BREAST CANCER WORKSHOP: OVERALL VIEW OF THE IMPACT BREAST CANCER CAN HAVE ON ONE'S INTIMATE LIFE. PROGRAM IS PROVIDED FREE OF CHARGE.

* SUPPORT GROUP FOR FRIENDS AND FAMILY COPING WITH CANCER IN A LOVED ONE: A DROP-IN SUPPORT GROUP FOR SPOUSES, PARTNERS, SIBLINGS, PARENTS, ADULT CHILDREN AND FRIENDS WHO ARE COPING WITH CANCER IN A LOVED ON. PROGRAM IS PROVIDED FREE OF CHARGE.

Name of the organization

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ATTACHMENT 1 (CONT'D)

* LOOK GOOD...FEEL BETTER: TIPS ON WIGS, HEAD COVERINGS AND SKIN CARE FOR WOMEN IN CHEMOTHERAPY. PROGRAM IS PROVIDED FREE OF CHARGE.

6. CHRONIC DISEASE SERVICES

* EAST BAY AIDS CENTER: PROVIDES A COMPREHENSIVE PROGRAM OF PRIMARY HIV CARE AND ACCESS TO CLINICAL TRIALS AS WELL AS CONSULTATION AND SUPPORT SERVICES THROUGHOUT THE CONTINUUM OF HIV DISEASE. THIS OUTPATIENT SERVICE IS THE LEADER IN PROVIDING PRIMARY HIV CARE AMONG EAST BAY COMMUNITY HOSPITALS AND CARES FOR OVER 500 PEOPLE EACH YEAR, 20% OF WHOM ARE WOMEN. FOR MORE INFORMATION ABOUT THE VARIOUS PROGRAMS OFFERED, PLEASE SEE THE ATTACHED LIST.

* ALTA BATES SUMMIT MEDICAL CENTER/CHILDREN'S HOSPITAL JOINT SICKLE CELL PROGRAM: PROVIDES CARE TO PERSONS WHO ARE IMPACTED BY SICKLE CELL, A GENETICALLY INHERITED DISORDER. THE PROGRAM OFFERS A COMPREHENSIVE APPROACH TO INPATIENT AND OUTPATIENT MEDICAL SERVICES, AND ALSO PROVIDES FOR THE SOCIAL AND EDUCATIONAL NEEDS OF ITS PATIENTS.

* DIABETES CENTER: PROVIDES CLINICAL SERVICES, DISEASE MANAGEMENT AND EDUCATION FOR PEOPLE WITH DIABETES. SERVICES ALSO INCLUDE; A SPEAKER'S BUREAU, A FREE METER PROGRAM AND OTHER SUPPLIES DONATIONS, SCREENING, AND A SUPPORT GROUP. IN 2009, IMPLEMENTED A NEW PROJECT, AIMED AT INCREASING DIABETES MANAGEMENT BY CAPTURING PATIENTS IN THE ED AND PROVIDING INFORMATION, MEDICATION AND FOLLOW-UP.

Name of the organization

SUTTER EAST BAY HOSPITALS

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ATTACHMENT 1 (CONT'D)

7. CARDIOVASCULAR SERVICES

SERVICES PROVIDED FREE OR AT A NOMINAL FEE INCLUDE CPR COURSES, CHOLESTEROL SCREENING, BLOOD PRESSURE READINGS AND LECTURES TO LOCAL COMMUNITY GROUPS AND CONFERENCES FOR THE COMMUNITY AND PHYSICIANS.

* VASCULAR REHAB EXERCISE EDUCATION: SELF-PACED EXERCISE PROGRAM FOR PEOPLE WHO HAVE LEG PAIN. FREE OF CHARGE.

* CARDIAC REHABILITATION PATIENT VISITS: VISITS IN THE HOSPITAL TO NON-REIMBURSED PATIENTS TO PROVIDE PATIENT EDUCATION.

* CARDIAC REHABILITATION PHONE SERVICE: PHONE CALLS FROM NON-PATIENTS SEEKING CARDIAC REHAB INFORMATION, WHO FOR VARIOUS REASONS CANNOT COME TO THE MEDICAL CENTER.

* CARDIAC REHAB PROGRAM-BERKELEY AND ALBANY YMCA'S: NURSE SUPERVISED EXERCISE CLASSES FOR PATIENTS WHO HAVE HAD CARDIAC PROBLEMS. PATIENTS ARE CLOSELY OBSERVED 3 TIMES A WEEK AT THE YMCA. THIS INCLUDES MONITORING OF BLOOD PRESSURE, HEART RHYTHMS, MEDICATION AND WEIGHT EVALUATION.

8. OTHER SERVICES

* TUITION REIMBURSEMENT: EMPLOYEES ARE REIMBURSED FOR PROFESSIONAL

Name of the organization

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ATTACHMENT 1 (CONT'D)

EDUCATION.

* ABSMC NURSING EDUCATION OFFERS A BROAD SELECTION OF EDUCATIONAL CONFERENCES FOR THE BENEFIT OF THE MEDICAL COMMUNITY. THESE LECTURES ARE FREE AND HELP DISSEMINATE INFORMATION THAT IS PERTINENT TO VARIOUS SEGMENTS OF THE PROFESSIONAL COMMUNITY.

* CHAPLAINCY: PROVIDES SEVERAL COMMUNITY OUTREACH AND EDUCATIONAL ACTIVITIES. FOR MORE INFORMATION ABOUT THE VARIOUS PROGRAMS OFFERED, PLEASE SEE THE ATTACHED LIST.

* ETHNIC HEALTH INSTITUTE (EHI): THE PURPOSE OF THE PROGRAM IS TO ENHANCE THE HEALTH AND WELL BEING OF ALL PEOPLE IN THE COMMUNITY, FOCUSING ON THE UNDESERVED POPULATION WHO EXPERIENCE DISPARITIES IN HEALTHCARE AND DISEASE. EHI PROMOTES COMMUNITY HEALTH AWARENESS, ORGANIZATIONAL ALLIANCES, AND HEALTH PROVIDER TRAINING, RESEARCH AND EDUCATION. EHI WORKS IN PARTNERSHIP WITH MORE THAN FIFTY PUBLIC AND PRIVATE HEALTHCARE INSTITUTIONS, SCHOOL DISTRICTS, UNIVERSITY HEALTH PROGRAMS, AND COMMUNITY BASED HEALTH ORGANIZATIONS.

* HEALTH MINISTRY PROGRAM: THE PURPOSE OF THE HEALTH MINISTRY PROGRAM IS TO DEVELOP AND SUPPORT HEALTH MINISTRIES IN CONGREGATIONS AND COMMUNITIES THEY SERVE. THE PROGRAM HELPS TO IDENTIFY HEALTH PROBLEMS AMONG CONGREGATION MEMBERS AND ASSIST IN LOCATING AND/OR PROVIDING HEALTH CARE TO THOSE IN NEED. PARISH NURSES WORK WITH CONGREGATIONS TO PROVIDE SUCH

Name of the organization

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ATTACHMENT 1 (CONT'D)

BASIC HEALTH CARE SERVICES AS BLOOD PRESSURE AND BLOOD GLUCOSE SCREENINGS, HEALTH COUNSELING, SUPPORT GROUPS, REFERRALS AND HEALTH INFORMATION. FOR MORE INFORMATION ABOUT THE VARIOUS PROGRAMS OFFERED, PLEASE SEE THE ATTACHED LIST.

* YOUTH BRIDGE CAREER DEVELOPMENT PROGRAM: SINCE 1989, THE MEDICAL CENTER HAS SPONSORED THE YOUTH BRIDGE MENTORING PROGRAM TARGETING AT-RISK TEEN-AGE STUDENTS AND TEEN PARENTS. THE PURPOSE OF THE PROGRAM IS TO ENCOURAGE YOUNG PEOPLE TO CONTINUE THEIR EDUCATION, TO GIVE THEM AN OPPORTUNITY TO EXPERIENCE A PROFESSIONAL WORKING ENVIRONMENT, TO EXPLORE A VARIETY OF PROFESSIONS AND TO LEARN ABOUT HEALTH CARE CAREERS.

* MPI: HOSPITAL-BASED PROGRAM FOR ALCOHOLISM AND DRUG ABUSE TREATMENT INCLUDES DETOXIFICATION, IMPATIENT REHABILITATION, RESIDENTIAL REHABILITATION, DAY TREATMENT, AND MORNING AND EVENING INTENSIVE OUTPATIENT PROGRAMS. MPI PROVIDES SEVERAL COMMUNITY OUTREACH AND EDUCATIONAL ACTIVITIES. FOR MORE INFORMATION ABOUT THE VARIOUS PROGRAMS OFFERED, PLEASE SEE THE ATTACHED LIST.

* PATIENT ASSISTANCE FUND: FUNDS, CONTRIBUTED TO BY STAFF AND OTHER FUND RAISERS, DESIGNATED FOR SUCH THINGS AS MOTEL VOUCHERS, ARC EQUIPMENT, CASH FOR FOOD, TRANSPORT AND LAB TEST.

* SAMUEL MERRITT UNIVERSITY: ASSOCIATED WITH ALTA BATES SUMMIT MEDICAL CENTER. SAMUEL MERRITT UNIVERSITY PROVIDES SEVERAL COMMUNITY OUTREACH

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ATTACHMENT 1 (CONT'D)

AND EDUCATIONAL ACTIVITIES. FOR MORE INFORMATION ABOUT THE VARIOUS PROGRAMS OFFERED, PLEASE SEE THE ATTACHED LIST.

* LIFELONG MEDICAL CARE: LIFELONG WAS FORMED BY THE MERGER OF THE OVER 60 HEALTH CLINIC AND THE BERKELEY PRIMARY CARE ACCESS CLINIC, IS A JOINT EFFORT BETWEEN ALTA BATES SUMMIT AND THE CITY OF BERKELEY. MEDICAL SERVICES FOCUS ON PEOPLE OVER THE AGE OF 60, INFANTS, CHILDREN AND ADOLESCENTS. PRENATAL CARE, IMMUNIZATIONS, PODIATRY, MENTAL HEALTH AND DENTISTRY ARE JUST A FEW OF THE SERVICES OFFERED. MEDI-CAL, MEDICARE, INSURANCE AND DISCOUNTED FEES ARE AVAILABLE. THE HOSPITAL PROVIDES FREE SPACE FOR THE CLINIC, AS WELL AS IN-KIND SERVICES AND CASH DONATIONS.

* HEALTH SCIENCE LIBRARIES: TWO RESOURCE CENTERS FOR HEALTH CARE PROFESSIONALS.

* THUNDER ROAD: PROGRAM ASSISTS YOUTH STRUGGLING WITH PROBLEMS RELATED TO THE ABUSE OF DRUGS, ALCOHOL, NICOTINE AND OTHER BEHAVIORAL HEALTH CONDITIONS, TO OVERCOME THOSE PROBLEMS AND BECOME FUNCTIONING MEMBERS OF THEIR RESPECTIVE COMMUNITIES.

DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS
FORM 990, PART VI, QUESTION 7A

THIS CORPORATION IS AN AFFILIATE OF SUTTER HEALTH, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION. SUTTER HEALTH IS THE SOLE MEMBER WITH THE RIGHT TO ELECT AT LEAST A MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS.

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ATTACHMENT 1 (CONT'D)

DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS

FORM 990, PART VI, QUESTION 7B

SUTTER HEALTH AS THE SOLE MEMBER OF THE ORGANIZATION IS ENTITLED TO EXERCISE FULLY ALL RIGHTS AND PRIVILEGES OF MEMBERS OF NONPROFIT CORPORATIONS UNDER THE CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW, AND ALL OTHER APPLICABLE LAWS. THE MEMBER HAS THE RIGHTS AND POWERS TO APPOINT (AND REMOVE) MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS, SUBJECT TO THE PROVISIONS OF THE BYLAWS, IN ADDITION, THE MEMBER HAS THE RIGHT TO APPROVE THE FOLLOWING ACTIONS OF THE CORPORATION'S BOARD OR DIRECTORS:

A. MERGER, CONSOLIDATION, REORGANIZATION, OR DISSOLUTION OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY;

B. AMENDMENT OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OR THE BYLAWS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY;

C. ADOPTION OF OPERATING BUDGETS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, INCLUDING CONSOLIDATED OR COMBINED BUDGETS OF THE CORPORATION AND ALL SUBSIDIARY ORGANIZATIONS OF THE CORPORATION;

D. ADOPTION OF CAPITAL BUDGETS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY;

E. AGGREGATE OPERATING OR CAPITAL EXPENDITURES ON AN ANNUAL BASIS THAT EXCEED APPROVED OPERATING OR CAPITAL BUDGETS BY A SPECIFIED DOLLAR AMOUNT TO BE DETERMINED FROM TIME TO TIME BY THE GENERAL MEMBER;

Name of the organization

SUTTER EAST BAY HOSPITALS

Employer identification number

94-1196176

ATTACHMENT 1 (CONT'D)

F. LONG-TERM OR MATERIAL AGREEMENTS INCLUDING, BUT NOT LIMITED TO, BORROWINGS, EQUITY FINANCINGS, CAPITALIZED LEASES AND INSTALLMENT CONTRACTS; AND PURCHASE, SALE, LEASE, DISPOSITION, HYPOTHECATION, EXCHANGE, GIFT, PLEDGE, OR ENCUMBRANCE OF ANY ASSET, REAL OR PERSONAL, WITH A FAIR MARKET VALUE IN EXCESS OF A DOLLAR AMOUNT TO BE DETERMINED FROM TIME TO TIME BY THE DIRECTORS OF THE GENERAL MEMBER, WHICH SHALL NOT BE LESS THAN 10% OF THE TOTAL ANNUAL CAPITAL BUDGET OF THE CORPORATION;

G. APPOINTMENT OF AN INDEPENDENT AUDITOR AND HIRING OF INDEPENDENT COUNSEL EXCEPT IN CONFLICT SITUATIONS BETWEEN THE GENERAL MEMBER AND THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY;

H. THE CREATION OR ACQUISITION OF ANY SUBSIDIARY OR AFFILIATE ENTITY;

I. CONTRACTING WITH AN UNRELATED THIRD PARTY FOR ALL OR SUBSTANTIALLY ALL OF THE MANAGEMENT OF THE ASSETS OR OPERATIONS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY;

J. APPROVAL OF MAJOR NEW PROGRAMS AND CLINICAL SERVICES OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY. THE GENERAL MEMBER SHALL FROM TIME TO TIME DEFINE THE TERM "MAJOR" IN THIS CONTEXT;

K. APPROVAL OF STRATEGIC PLANS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY;

Name of the organization

SUTTER EAST BAY HOSPITALS

Employer identification number

94-1196176

ATTACHMENT 1 (CONT'D)

L. ADOPTION OF QUALITY ASSURANCE POLICIES NOT IN CONFORMITY WITH POLICIES
ESTABLISHED BY THE GENERAL MEMBER;

M. ANY TRANSACTION BETWEEN THE CORPORATION, A SUBSIDIARY OR AFFILIATE AND
A DIRECTOR OF THE CORPORATION OR AN AFFILIATE OF SUCH DIRECTOR.

IN ADDITION, THE GENERAL MEMBER SHALL HAVE THE AUTHORITY (BY A VOTE OF
NOT LESS THAN TWO-THIRDS (2/3) OF ITS BOARD), TO DECLARE A MAJOR ACTIVITY
REQUIRING APPROVAL.

DESCRIBE THE PROCESS USED BY MGMT &/OR GOVERNING BODY TO REVIEW FORM 990
FORM 990, PART VI, QUESTION 11

SUTTER HEALTH HAS A CENTRALIZED TAX DEPARTMENT RESPONSIBLE FOR THE
PREPARATION OF THE FORM 990. ANNUALLY THE TAX DEPARTMENT PROVIDES
TRAINING AND EDUCATION TO AFFILIATE PERSONNEL WHO ASSIST THE TAX
DEPARTMENT IN COLLECTING AND REVIEWING DATA TO BE REPORTED ON THE FORM
990. THE PREPARATION MATERIAL IS REVIEWED BY VARIOUS DEPARTMENTS
INCLUDING TAX, FINANCE, OFFICE OF THE GENERAL COUNSEL, AND HUMAN
RESOURCES. ADDITIONALLY, THE CHIEF FINANCIAL OFFICER SIGNS OFF ON THIS
DATA BEFORE THE RETURN GOES TO THE PREPARATION STAGE. A NATIONAL
ACCOUNTING FIRM PREPARES AND/OR REVIEWS THE RETURN. A COMPLETED RETURN
IS THEN REVIEWED BY THE TAX DEPARTMENT AND THE AFFILIATE WITH THE CHIEF
FINANCIAL OFFICER GIVING HIS/HER APPROVAL BEFORE THE RETURN IS FILED.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST
FORM 990, PART VI, QUESTION 12

EACH INDIVIDUAL BOARD MEMBER AND OFFICER HAS TO SIGN AN ACKNOWLEDGEMENT

Name of the organization

SUTTER EAST BAY HOSPITALS

Employer identification number

94-1196176

ATTACHMENT 1 (CONT'D)

FORM THAT THEY HAVE READ THE POLICY. ANNUALLY A DISCLOSURE STATEMENT IS COMPLETED BY ALL OFFICERS AND BOARD MEMBERS. ON THIS STATEMENT THE INDIVIDUAL WILL LIST A WIDE RANGE OF INFORMATION WHICH INCLUDES BUSINESS RELATIONSHIPS, EMPLOYMENT RELATIONSHIPS, PROPERTY INTERESTS, AND THOSE OF RELATED PARTIES. THE CEO AND BOARD CHAIR WILL REVIEW THE STATEMENTS AND MONITOR SITUATIONS THAT MAY POSE A POTENTIAL CONFLICT OF INTEREST. THE CEO AND BOARD CHAIR MAY CONSULT WITH THE OFFICE OF THE GENERAL COUNSEL AS NECESSARY. IF THERE IS A POTENTIAL CONFLICT OF INTEREST RELATED TO A PARTICULAR TRANSACTION, THE INTERESTED TRUSTEE MUST DISCLOSE THE EXISTENCE AND NATURE OF THE RELATIONSHIP. THE BOARD CHAIR MAY APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE THE CONFLICT. UNTIL THE POTENTIAL CONFLICT IS RESOLVED, THE BOARD CHAIR MAY REQUEST THE TRUSTEE TO LEAVE THE ROOM OR NOT PARTICIPATE DURING RELATED PRESENTATIONS AND DISCUSSIONS. IN ALL CIRCUMSTANCES INVOLVING AN ACTUAL CONFLICT, THE INTERESTED TRUSTEE SHALL REFRAIN FROM VOTING ON ANY MATTER RELATED TO THE TRANSACTION.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, QUESTION 15

THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED. THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION.

Name of the organization

SUTTER EAST BAY HOSPITALS

Employer identification number

94-1196176

ATTACHMENT 1 (CONT'D)

IN ORDER TO ENSURE EXTERNAL COMPETITIVENESS, NATIONAL, CALIFORNIA AND LOCAL MARKET AREA COMPENSATION DATA COMPARISONS ARE REVIEWED. COMPETITIVE ANALYSIS INCLUDES: (A) BASE SALARY, (B) TOTAL CASH (BASE SALARY + ANNUAL INCENTIVE) AND (C) TOTAL REMUNERATION (BASE SALARY + ANNUAL INCENTIVE + BENEFITS AND LONG TERM INCENTIVE).

THIS ANALYSIS INCLUDES COMPARABLE ORGANIZATIONS AND GEOGRAPHIC CONSIDERATIONS. FOR THE MOST SENIOR EXECUTIVE POSITIONS, NATIONAL COMPARISONS FOR ORGANIZATIONS SIMILAR IN SIZE, SCOPE AND COMPLEXITY AS SUTTER HEALTH ARE MOST APPROPRIATE SINCE IT IS A NATIONAL MARKETPLACE IN WHICH SUTTER COMPETES FOR EXECUTIVE TALENT. ON THE OTHER HAND, BECAUSE CALIFORNIA'S UNDERLYING COMPENSATION STRUCTURE IS HIGHER THAN NATIONAL DATA (ESPECIALLY IN THE BAY AREA), REGIONAL PAY COMPARISONS AND ADJUSTMENTS ARE MADE.

ALL OFFICERS OF THE ORGANIZATION (I.E., CEO, CFO, COO) UNDERGO A REVIEW AND BOARD APPROVAL ANNUALLY. KEY EMPLOYEES AND OTHER EXECUTIVES OF SUTTER HEALTH WHO ARE CONSIDERED DISQUALIFIED PERSONS FOR FORM 990 REPORTING PURPOSES ARE HANDLED IN THE SAME MANNER.

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC FORM 990, PART VI, QUESTION 19

THE SUTTER HEALTH SYSTEM POSTS ITS CURRENT AND PAST AUDITED FINANCIAL STATEMENTS AT SUTTERHEALTH.ORG. OTHER DOCUMENTS ARE ALSO LOCATED AT THIS WEBSITE INCLUDING THE ANNUAL REPORT, MISSION STATEMENT, HISTORY, AND LINKS TO AFFILIATE WEBSITES.

Name of the organization

SUTTER EAST BAY HOSPITALS

Employer identification number

94-1196176

ATTACHMENT 1 (CONT'D)

COMPILATION, REVIEW AND AUDIT OF INDEPENDENT ACCOUNTANT

FORM 990, PART XI, QUESTION 2

ANNUALLY THE SUTTER HEALTH SYSTEM HAS AN AUDIT OF COMBINED BALANCE SHEETS AND STATEMENTS OF OPERATIONS PERFORMED BY INDEPENDENT AUDITORS. AN AUDIT COMMITTEE SELECTS THE AUDITORS AND REVIEWS RESULTS.

SCHEDULE K DESCRIPTIONS, EXPLANATIONS AND ADDITIONAL INFORMATION

SCHEDULE K

PART I, COLUMN (E): THE ORGANIZATION'S SOLE CORPORATE MEMBER IS A CONDUIT BORROWER OF TAX-EXEMPT BOND ISSUES THAT ALLOCATES PORTIONS OF EACH ISSUE TO SUBSIDIARY ORGANIZATIONS. THE ORGANIZATION IS ONLY REPORTING THE AMOUNT IT HAS BEEN ALLOCATED.

PART II, LINE 5: ISSUANCE COSTS WERE FUNDED THROUGH AN EQUITY CONTRIBUTION.

PART III, 3(C): WHILE THE ORGANIZATION DOES NOT ROUTINELY ENGAGE BOND COUNSEL OR OUTSIDE COUNSEL TO REVIEW MANAGEMENT OR SERVICE CONTRACTS OR RESEARCH AGREEMENTS RELATING TO THE FINANCED PROPERTY, THE ORGANIZATION'S SOLE CORPORATE MEMBER REGULARLY PARTICIPATES IN BOND FINANCINGS IN WHICH BOND COUNSEL, UNDERWRITER'S COUNSEL, AND BORROWER'S COUNSEL PERFORMS DUE DILIGENCE. THE MOST RECENT BOND FINANCING OCCURRED IN MAY 2008. ADDITIONALLY, WITHIN THE SOLE CORPORATE MEMBER'S OFFICE OF THE GENERAL COUNSEL ("OGC"), THERE IS A CONTRACT SERVICE TEAM EDUCATED IN SAFE HARBORS THAT DRAFT AND REVIEW THESE AGREEMENTS AND CONTRACTS. FINALLY, ALSO WITHIN THE OGC, THERE IS A MEMBER OF THE BUSINESS, TAX AND GOVERNANCE TEAM WITH APPROXIMATELY 8 YEARS OF PUBLIC FINANCE EXPERIENCE

Name of the organization

Employer identification number

SUTTER EAST BAY HOSPITALS

94-1196176

ATTACHMENT 1 (CONT'D)

THAT (I) PERIODICALLY REVIEWS THESE AGREEMENTS AND CONTRACTS TO ASSIST TREASURY IN IDENTIFYING AND TRACKING NON-COMPLIANT AGREEMENTS AND CONTRACTS, (II) EDUCATES AND ANSWERS QUESTIONS OF THE CONTRACT SERVICE TEAM AND SUBSIDIARY ORGANIZATIONS RELATED TO SAFE HARBORS AND (III), AS NECESSARY, CONSULTS WITH BOND COUNSEL REGARDING MANAGEMENT OR SERVICE CONTRACTS OR RESEARCH AGREEMENTS RELATING TO THE FINANCED PROPERTY.

PART I, 2004CD, COLUMN (F): THE INITIAL BONDS ISSUED IN 2004 WERE NEW MONEY BONDS THAT WERE RETIRED AND REISSUED ON MAY 6, 2008. ACCORDINGLY, SCHEDULE K REFLECTS THE CURRENT REFUNDING BONDS THAT WERE TREATED AS REISSUED RATHER THAN REFLECTING THE "NEW MONEY" BONDS.

PART I, COLUMN (F) 2008A: THE REFUNDING OCCURED VIA THE REPAYMENT OF A DRAW ON A TAXABLE LINE OF CREDIT, DRAWN IN SEVERAL INSTALLMENTS BETWEEN APRIL 6 AND APRIL 11, 2008. THE REFUNDED BONDS ISSUED IN 2007 WERE USED TO REFUND BONDS ISSUED IN 1985, 1989 AND 1992.

PART IV, #5, 2004CD: INVESTMENTS OF UNEXPENDED PROCEEDS CONTINUE TO BE MONITORED BY THE CORPORATE MEMBER OF THE ORGANIZATION AND ITS ARBITRAGE CONSULTANTS (THE BANK OF NEW YORK MELLON TRUST COMPANY, N.A. AND BLX GROUP) FOR COMPLIANCE WITH YIELD RESTRICTIONS.

DESCRIPTIONS OF BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

SCHEDULE L, PART IV

STEVEN O'BRIEN MD

TRUSTEE OF ALTA BATES SUMMIT MEDICAL CENTER (ABSMC), WAS PRESIDENT AND A 33% SHAREHOLDER OF EAST BAY AIDS MEDICAL GROUP, INC (EBAMG). DURING THE

Name of the organization

Employer identification number

SUTTER EAST BAY HOSPITALS

94-1196176

ATTACHMENT 1 (CONT'D)

YEAR EBAMG HAD A MEDICAL SERVICES CONTRACT WITH ABSMC VIA AN ARMS-LENGTH AGREEMENT.

LOUIS KOMARMY MD

TRUSTEE OF ALTA BATES SUMMIT MEDICAL CENTER (ABSMC) WAS ALSO A 10% SHAREHOLDER OF ALTA EAST BAY PATHOLOGY MEDICAL CORPORATION (AEBP). DURING THE YEAR AEBP HAD A MEDICAL SERVICES CONTRACT WITH ABSMC VIA AN ARMS-LENGTH AGREEMENT.

FREDRIC HERSKOWITZ MD

TRUSTEE OF ALTA BATES SUMMIT MEDICAL CENTER, HIS SPOUSE IS EMPLOYED AS A "PER DIEM" EMPLOYEE OF ABSMC.

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ADVANCED CLINICAL EMPLOYMENT 28276 STATE HWY 75 ONEONTA, AL 35121	STAFF SERVICES	12,701,703.
EAST BAY PERINATAL MED ASSOC 4996 MILDEN ROAD MARTINEZ, CA 94553	MEDICAL SERVICES	6,223,967.
ALLIED BARTON SECURITY SVC 3606 HORIZON DRIVE KING OF PRUSSIA, PA 19406	SECURITY SERVICE	4,442,743.
PARKING CO OF AMERICA MGMT LLC 11101 LAKEWOOD BLVD DOWNEY, CA 90241	PARKING SERVICES	4,066,240.
EAST BAY ANESTHESIOLOGY PO BOX 7163 SAN FRANCISCO, CA 94120	MEDICAL SERVICES	2,466,754.

Name of the organization

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ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORSNAME AND ADDRESSDESCRIPTION OF SERVICESCOMPENSATION

TOTAL COMPENSATION

29,901,407.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

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SUTTER EAST BAY HOSPITALS

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Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ADOLESCENT TREATMENT CENTERS, INC. 68-0088443 390 40TH STREET OAKLAND, CA 94609	HEALTH CARE	CA	501 (C) (3)	3	SUTTER EBH
ALTA BATES SUMMIT FOUNDATION 51-0160184 2855 TELEGRAPH AVE #601 BERKELEY, CA 94705	FUNDRAISING	CA	501 (C) (3)	11A	SUTTER EBH
SUTTER EAST BAY HOSPITALS 94-1196176 2450 ASHBY AVE BERKELEY, CA 94705	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH
SUTTER WEST BAY HOSPITALS 94-0562680 2333 BUCHANAN STREET SAN FRANCISCO, CA 94115	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH
CALIFORNIA PACIFIC MEDICAL CTR FOUND. 94-2728423 2015 STEINER STREET, 2ND FLOOR SAN FRANCISCO, CA 94115	FUNDRAISING	CA	501 (C) (3)	11A	SUTTER WBH
DELTA MEMORIAL HOSPITAL FOUNDATION 94-2417022 3901 LONE TREE WAY ANTIOCH, CA 94509	FUNDRAISING	CA	501 (C) (3)	11A	SUTTER DELTA
EAST BAY PERINATAL CENTER 51-0172285 350 HAWTHORNE AVE OAKLAND, CA 94609	HEALTH CARE	CA	501 (C) (3)	3	SUTTER EBH

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

JSA

9E1307 2.000

53157K 4019

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
MAGNETIC IMAGING AP 94-2953833 175 LENNON LANE STE 100	PATIENT CARE	CA	N/A	RELATED	1,729,620.	2,444,503.		X		X	
SURG CTR OF ABSCMC 47-0946086 3875 TELEGRAPH AVE	OUTPATIENT SURG	CA	N/A	RELATED	4,558,271.	4,207,989.		X		X	
ALTA CT SERVICES LP 94-3083464 175 LENNON LANE, SUITE 100	PATIENT CARE	CA	N/A	RELATED	811,981.	1,018,589.		X		X	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
SUTTER CONNECT 68-0209157 10470 OLD PLACERVILLE ROAD SACRAMENTO, CA 95827	HEALTH CARE ADMIN	CA	SUTTER HEALTH	NONPROFIT CORP			
HEALTH VENTURES INC 94-2918780 350 HAWTHORNE ST OAKLAND, CA 94609	HEALTH SERVICES	CA	SUTTER EBH	C CORP	7,058,139.	3,758,372.	100.0000

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)	X	
e Loans or loan guarantees by other organization(s)	X	
f Sale of assets to other organization(s)	X	
g Purchase of assets from other organization(s)	X	
h Exchange of assets	X	
i Lease of facilities, equipment, or other assets to other organization(s)	X	
j Lease of facilities, equipment, or other assets from other organization(s)	X	
k Performance of services or membership or fundraising solicitations for other organization(s)	X	
l Performance of services or membership or fundraising solicitations by other organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets	X	
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses	X	
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)	X	
r Other transfer of cash or property from other organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) ADOLESCENT TREATMENT CENTER, INC.	N	56,339.
(2) ALTA BATES SUMMIT FOUNDATION	N	66,150.
(3) EAST BAY PERINATAL CENTER	N	37,800.
(4) HEALTH VENTURES, INC.	N	145,861.
(5) ADOLESCENT TREATMENT CENTER, INC.	L	33,511.
(6) ALTA BATES SUMMIT FOUNDATION	C	2,417,078.

Schedule R (Form 990) 2009

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

94-1196176

[illegible]

Schedule R-1 (Form 990) 2009

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
EDEN MEDICAL CENTER 94-2948100 20103 LAKE CHABOT ROAD CASTRO VALLEY, CA 94546	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH
MARIN COMMUNITY HEALTH 94-2994751 250 BON AIRE ROAD GREENBRAE, CA 94904	SUPPORTING O	CA	501 (C) (3)	11B	SUTTER HLTH
MARIN GENERAL HOSPITAL 94-2823538 250 BON AIRE ROAD GREENBRAE, CA 94904	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH
MEMORIAL HOSPITAL LOS BANOS 94-1551464 520 W I STREET LOS BANOS, CA 93635	HOSPITAL	CA	501 (C) (3)	3	SUTTER CVH
SUTTER CENTRAL VALLEY HOSPITALS 94-1080917 1700 COFFEE ROAD MODESTO, CA 95355	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH
MILLS-PENINSULA HEALTH SERVICES 94-1156265 1501 TROUSDALE DRIVE BURLINGAME, CA 94010	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH
MILLS-PENINSULA HOSPITAL FOUNDATION 23-7288765 1501 TROUSDALE DRIVE BURLINGAME, CA 94010	FUNDRAISING	CA	501 (C) (3)	11A	MPHS
MILLS-PENINSULA SENIOR FOCUS 94-2663918 1720 EL CAMINO REAL BURLINGAME, CA 94010	HEALTH CARE	CA	501 (C) (3)	9	MPHS
PALO ALTO MEDICAL FOUNDATION 94-1156581 2350 EL CAMINO REAL MOUNTAIN VIEW, CA 94040	HEALTH CARE	CA	501 (C) (3)	3	SUTTER HLTH
PALO ALTO MEDICAL FOUNDATION HOSPITAL CO 94-2206441 570 WILLOW ROAD MENLO PARK, CA 94025	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH
SUTTER WEST BAY MEDICAL FOUNDATION 94-2948131 2015 STEINER STREET, 1ST FLOOR SAN FRANCISCO, CA 94115	HEALTH CARE	CA	501 (C) (3)	3	SUTTER HLTH
SAMUEL MERRITT UNIVERSITY 94-2992642 450 30TH STREET # 2840 OAKLAND, CA 94609	UNIVERSITY	CA	501 (C) (3)	2	SUTTER EBH
ST. LUKE'S HEALTH CARE CENTER 51-0201241 3555 CAESAR CHAVEZ STREET SAN FRANCISCO, CA 94110	HEALTH CARE	CA	501 (C) (3)	3	SUTTER WBH
SUTTER AMADOR HOSPITAL 68-0291072 200 MISSION BLVD. JACKSON, CA 95642	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH
SUTTER AUBURN FAITH HOSPITAL FOUNDATION 94-2594966 11815 EDUCATION ST. AUBURN, CA 95602	FUNDRAISING	CA	501 (C) (3)	7	SUTTER SSR
SUTTER COAST HOSPITAL 94-2988520 800 E WASHINGTON BLVD. CRESCENT CITY, CA 95531	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH
SUTTER DAVIS HOSPITAL FOUNDATION 68-0217870 2000 SUTTER PLACE DAVIS, CA 95616	FUNDRAISING	CA	501 (C) (3)	11A	SUTTER SSR
SUTTER DELTA MEDICAL CENTER 94-1552887 3901 LONE TREE WAY ANTIOCH, CA 94509	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
SUTTER EAST BAY MEDICAL FOUNDATION 94-2690415 3687 MT. DIABLO BLVD., #200 LAFAYETTE, CA 94549	HEALTH CARE	CA	501(C)(3)	11B	SUTTER HLTH
SUTTER GOULD MEDICAL FOUNDATION 94-1682256 600 COFFEE ROAD MODESTO, CA 95355	HEALTH CARE	CA	501(C)(3)	3	SUTTER HLTH
SUTTER HEALTH 94-2788907 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	SUPPORTING O	CA	501(C)(3)	11C	NA
SUTTER HEALTH PACIFIC 99-0298651 91-2301 FT. WEAVER RD. EWA BEACH, HI, HI 96706	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER HEALTH SACRAMENTO SIERRA REGION 94-1156621 2800 L STREET, 7TH FLOOR SACRAMENTO, CA 95816	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER INSURANCE SERVICES CORPORATION 99-0289310 745 FORT STREET, SUITE 800 HONOLULU, HI, CA 96813	INSURANCE SE	HI	501(C)(3)	11B	SUTTER HLTH
SUTTER LAKESIDE HOSPITAL 94-1628356 5176 HILL ROAD EAST LAKEPORT, CA 95453	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER MARIN 51-0206463 180 ROWLAND WAY NOVATO, CA 94945	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER MATERNITY SURGERY CTR SANTA CRUZ 68-0279954 2900 CHANTICLEER AVE SANTA CRUZ, CA 95065	HOSPITAL	CA	501(C)(3)	3	PAMF
SUTTER MEDICAL CENTER FOUNDATION 94-2788906 20130 LAKE CHABOT RD, #103 CASTRO VALLEY, CA 94546	FUNDRAISING	CA	501(C)(3)	7	SUTTER HLTH
SUTTER MEDICAL CENTER OF CASTRO VALLY 77-0146047 2800 L STREET, #620 SACRAMENTO, CA 95816	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER MEDICAL CENTER OF SANTA ROSA 68-0374805 3325 CHANATE RD SANTA ROSA, CA 95404	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER MEDICAL FOUNDATION 68-0273974 2800 L STREET, 7TH FLOOR SACRAMENTO, CA 95816	HEALTH CARE	CA	501(C)(3)	11B	SUTTER HLTH
SUTTER NORTH MEDICAL FOUNDATION 94-1080019 969 PLUMAS STREET #205 YUBA CITY, CA 95991	HEALTH CARE	CA	501(C)(3)	11B	SUTTER HLTH
SUTTER REGIONAL MEDICAL FOUNDATION 20-0078199 2720 LOW COURT FAIRFIELD, CA 94534	HEALTH CARE	CA	501(C)(3)	3	SUTTER HLTH
SUTTER ROSEVILLE MEDICAL CTR FOUNDATION 68-0040113 ONE MEDICAL PLAZA ROSEVILLE, CA 95661	FUNDRAISING	CA	501(C)(3)	11A	SUTTER SSR
SUTTER SOLANO CHARITABLE FOUNDATION 94-2668262 300 HOSPITAL DRIVE VALLEJO, CA 94589	FUNDRAISING	CA	501(C)(3)	11A	SUTTER SOLA
SUTTER SOLANO MEDICAL CENTER 94-1241942 300 HOSPITAL DRIVE VALLEJO, CA 94589	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH

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Part III

[illegible]

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust[illegible]

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) HEALTH VENTURES, INC.	N	12,970,939.
(8) SAMUEL MERRITT UNIVERSITY	N	27,401.
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

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[illegible]